

Check One:

Northwest
 Cedar Hollow
 Chapman

1-R

St. Libory

LEAVE FORM/TRANSPORTATION REQUEST FORM

Name _____ Date Submitted _____

TRANSPORTATION REQUEST

Type of Leave: Professional Athletic/Activity
 Sick Bereavement
 Personal Vacation

Day/Date of Trip: _____
Destination: _____

If you checked "Professional", indicate which of the following is applicable to the professional development activity:

- it will increase my knowledge of subject area (curriculum)
- it will increase my knowledge of teaching reading (SIP)
- it will improve my knowledge & skills to teach content standards (inst. strategies)
- it will increase my classroom management skills
- it will increase my skills for integrating technology

Group: _____ Number of Riders _____
Comments: _____

Departure Time from School: _____
Return Time to School: _____

A requirement for professional leave is that the teacher complete a 10-12 slide Powerpoint presentation (emailed to Curric. Coord. as attachment) to be shared through the Atlas website. Failure to complete within 10 days of leave may result in future denial of professional leave.

Date(s) of Leave _____ Number of Days _____ Registration Fee _____

Description _____

Request for Reimbursement: \$ _____ Travel \$ _____ Meals \$ _____ Lodging _____

Staff Signature: _____

Administrative Approval: Yes / No _____
Signature _____

Comments: _____

Substitute: _____ Half / Full Day _____

Substitute Signature: _____

Date Request Received: _____

Vehicle: Van Bus Car
 Minivan Coach

Comments: _____

Approved by: _____

Date: _____