

CARBONDALE AREA SCHOOL DISTRICT

## **Professional Leave Request**

Please complete electronically describing the activity or conference for which leave is being requested. Submit to immediate supervisor.

Name:			Building:				
Position/Grade	e/Subject:						
Date(s) of Activity or Conference (indicate AM/PM where applicable):							
Date(s) for whi	ch reimbursement	will be requested:	:				
Number of school days requested:		Date of return (indicate AM/PM)	:				
Purpose of Lea	ave or Activity (Title	e, Function):					
Location (City,	State):						
Website Pertai	ning to Leave or A	ctivity (if available)	:				
Attending as a:         Member       Participant         Officer       CAEA Representative         Presenter       Student Activity Sponsor         DISTRICT COSTS							
Desistration	¢		Travel:	\$		(	miles)
	\$\$		Lodging:	\$		(	miles)
Total Costs:	\$						
ADMINISTRAT	ION USE ONLY						
Signature- Supervisor Reasons Supporting Decision:		Date			<ul> <li>Approve</li> <li>Disapprove</li> </ul>		
Signature- Superi	Date			Approve			