

**HAMILTON COUNTY DEPARTMENT OF EDUCATION
REQUEST FOR PROFESSIONAL LEAVE
Form must be submitted to Authorizing Department **10 days** before date:**

AUTHORIZING DEPARTMENT – CHOOSE ONE

- | | | |
|--|--|---|
| <input type="checkbox"/> Pre K/Early Learning | <input type="checkbox"/> ESOL | <input type="checkbox"/> PE/Health/Wellness |
| <input type="checkbox"/> Elementary Teaching & Learning | <input type="checkbox"/> Exceptional Education | <input type="checkbox"/> School Counselors |
| <input type="checkbox"/> Middle School Teaching & Learning | <input type="checkbox"/> Fine Arts | |
| <input type="checkbox"/> High School Teaching & Learning | <input type="checkbox"/> Future Ready Programs | |
| <input type="checkbox"/> College and Career Tech | <input type="checkbox"/> IB Programs | <input type="checkbox"/> Opportunity Zone |

Name: _____ School: _____

Name of Activity: _____ Date(s) Requested: _____

Justification for Attendance: _____

Full Day Half Day SEMS Job # _____

District P.D. Yes No Out of district location: _____

FUNDING DEPARTMENT *If a substitute is required, please mark who is paying.*

Substitute Required: Yes No

HCDE Sub Account (Please check with authorizing department before choosing this account)

School Account: _____ Grant: _____
Department Name of Grant

CTE Exceptional Education Future Ready Pre K Programs Other _____

Federal Programs – Title I Title II Title III (ESOL) Other _____

_____ Yes _____ No _____ Date _____

Federal Programs Director (only if Federal Funds are used)

Funding Department Will or Will Not pay and/or reimburse for travel and/or registration expenses.

(If expenses will be paid and/or reimbursed, a Conference Attendance Form must be attached)

Teacher's Signature

Date

Principal's Signature

Date

Signature of Appropriate Director Date Yes No

CENTRAL OFFICE USE ONLY	
Account Codes	
OrgKey _____	_____
Object _____	_____