



# TALLAPOOSA COUNTY BOARD OF EDUCATION

Joseph C. Windle  
Superintendent



## Tallapoosa County Board of Education Request for Professional Leave

Date submitted \_\_\_\_\_  
*(Must be at least 10 days prior to date of activity)*

Name \_\_\_\_\_ Position \_\_\_\_\_

School \_\_\_\_\_ Grade/Subject \_\_\_\_\_

Activity \_\_\_\_\_

Dates/Location \_\_\_\_\_

How will this Professional Leave enhance your teaching? \_\_\_\_\_

Will this help your students? \_\_\_\_\_ How? \_\_\_\_\_

**\*Attach copy of the program agenda or announcement. \*Registration is the responsibility of the attendee**

Costs to be reimbursed by:

Fund \_\_\_\_\_ Principal

Account # \_\_\_\_\_ Custodian of Funds

Substitute @ \$60.00 per day      = \$ \_\_\_\_\_      (Sub not needed \_\_\_\_\_)

(plus Soc. Sec. & Medicare 7.65%)

Estimated travel expense      = \$ \_\_\_\_\_

Principal sign-off on no sub

Estimated subsistence expense      = \$ \_\_\_\_\_

(Meals, lodging, registration)

**Total Estimated costs**      = \$ \_\_\_\_\_

\_\_\_\_\_  
Signature      /      Date

\_\_\_\_\_  
Approved /Not Approved—Principal      /      Date

\_\_\_\_\_  
Approved /Not Approved—Director of Curriculum      /      Date

\_\_\_\_\_  
Approved /Not Approved—Superintendent      /      Date

Routing Sequence	Name	Date	Fund Code	Comments Approved/ Disapproved
1	Dr. C. Garrett			
2	K. Ledbetter			
3	T. Thweatt			
4	L. Heard			
5	F. Ford			
6	Supt. Windle			