



# 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 (plus Soc. Sec. & Medicare 7.65%) = \$ \_\_\_\_\_ (Sub not needed \_\_\_\_\_)

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	Federal Prog.			
2	CSFO			
3	Special Ed.			
4	Career Tech.			
5	Superintendent			
6				