



# TALLAPOOSA COUNTY BOARD OF EDUCATION

**Raymond C. Porter**  
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 @ \$100.00 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	Federal Prog.			
2	CSFO			
3	Special Ed.			
4	Career Tech.			
5	Superintendent			
6	Dir. Curriculum			

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\*Carla Talton, President \*Michael Carter, Vice President \* Matilda Hamilton \* Martin Johnson \* Linda Daniel

Web Site <http://www.tallapoosak12.org>

