



# TALLAPOOSA COUNTY BOARD OF EDUCATION

Casey D. Davis  
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 \_\_\_\_\_ PowerSchool PD Number \_\_\_\_\_ Total hours \_\_\_\_\_

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

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

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

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

Costs to be reimbursed by: PD Funds \_\_\_\_\_

Fund \_\_\_\_\_

Principal \_\_\_\_\_

Account # \_\_\_\_\_

Sub needed (Circle) **YES or NO**

Substitute @ \$100.00 per day = \$ \_\_\_\_\_

Principal initials for no sub \_\_\_\_\_

(plus Soc. Sec. & Medicare 7.65%)

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

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

(Meals, lodging, registration)

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

Routing Sequence	Date	Fund Code	Comments Approved/Not Approved
1. Curriculum			
2. Federal Programs			
3. CFSSO			
4. Special Programs(If needed)			
5. Career Tech(If needed).			
6. Superintendent			

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

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

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

Approved/Not Approved-Superintendent \_\_\_\_\_ Date \_\_\_\_\_