

North Olmsted City Schools  
**Professional Leave Application**

Name \_\_\_\_\_ Building \_\_\_\_\_

Date(s) of Meeting/Absence(s) \_\_\_\_\_ Name of Conference/Meeting \_\_\_\_\_  
(Please attach information about this meeting/workshop/seminar)

Location of Meeting/Workshop/Seminar: \_\_\_\_\_  
Address City State

Sponsoring Organization \_\_\_\_\_  Member  Officer

Check (✓) the category/categories below which align with this Professional Leave. Include specific details on the line provided next to each category. Use the reverse side of this application if more space is needed.

- \_\_\_ District Strategic Continuous Improvement Plan \_\_\_\_\_
- \_\_\_ Building Strategic Continuous Improvement Plan \_\_\_\_\_
- \_\_\_ Specific Curricular Areas in Focus \_\_\_\_\_
- \_\_\_ Specific to the Appraisal Process \_\_\_\_\_
- \_\_\_ Specific Staff Member Professional Growth Plan/Goals \_\_\_\_\_
- \_\_\_ Other \_\_\_\_\_

**Requested district coverage (must be completed by applicant):**

- |                       |  |
|-----------------------|--|
| Substitute _____ days | <input type="checkbox"/> Registration form attached        |
| Registration \$ _____ | <input type="checkbox"/> Registration sent in by applicant |
| Travel \$ _____       | <input type="checkbox"/> Reimbursement requested           |
| Lodging \$ _____      |  |
| Other \$ _____        |  |

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Professional Leave Application Decision**

Name \_\_\_\_\_

**\*APPROVED EXPENSES:**

\_\_\_\_\_  
Name of Conference)

\_\_\_\_\_  
City State

Budget Code: \_\_\_\_\_

Date(s) of Requested Leave \_\_\_\_\_

Substitute \_\_\_\_\_ days

Registration (check below) \$ \_\_\_\_\_

Your request has been denied. Please contact your building Principal.

District Purchase Order

Reimbursement

Your request for professional leave has been approved. The Board of Education will pay those Approved Expense(s) checked.\* Within ten(10) days of your return, submit your expense statement.

Travel (Reimbursement) \$ \_\_\_\_\_

Lodging (Reimbursement) \$ \_\_\_\_\_

\_\_\_\_\_  
**Principal/Supervisor Curriculum & Instruction / Assoc. Superintendent Superintendent**