

**CSC of Eastern Hancock County
Professional Leave Request**

Updated 2-19-18

Name(s): _____

(Can use one form for multiple people if attending the same event)

Building: Elementary Middle School High School Central Office

CONFERENCE INFORMATION:

Conference Title: _____

Sponsor: _____

Date(s): _____

Location: _____

Fee: \$ _____ PO # _____

Substitute Required? Yes No

How does this conference relate to your professional growth plan and our school improvement goals?

REGISTRATION INFORMATION:

If payment is requested, please place a requisition in Skyward before proceeding. Once the Professional Leave Request has been **fully approved**, please register using the provided Purchase Order number and send a copy of your registration to Central Office, so that the invoice may be paid properly.

Date of Request: _____

Principal Signature: _____

Date: _____

Superintendent Signature: _____

Date: _____

CENTRAL OFFICE & PRINCIPAL USE

Has the employee entered a purchase request (if needed)? Y N N/A

PD Account Balance: \$ _____

PO# _____