Rock Hill Schools

Professional Leave Request Form

lame:		Date:	School:	
Admin Certified Support	t Position:		Grade/Subject:	
Purpose for Professional Leave (Check	one box):			
Professional Development Fie	eld Trip/Team or Club	Sponsor Athletics Other	er	
If Other, Please Specify:				
Note: If Professional Deve	elopment, the conferen	ce/meeting being requested should l	be a part of the school improv	vement
or district strateg	ic plan. Conference/ev	ent schedule MUST be attached as d	ocumentation for approval.	
hereby request permission to attend	(full name of confere	nce, meeting, or event):		
omplete address:				
ates of Travel:				
ubstitute required? Yes No _	Number of da	ys for substitute, if needed:		
iding with:		Sharing lodging with:		
Please describe how this conference	is connected to the sc	hool improvement plan or district st	rategic nlan	
	Amount	Account N	lumber	
				_
				_
				_
				_
Other \$				
TOTAL \$				
PLEASE CONFIRI	M CANCELLATION	POLICY PRIOR TO MAKING T	RAVEL ARRANGEMENT	S
*When the host hotel's conference ra	ate is unavailable, emi	olovees must complete this section.	Hotel rate must be lowest a	vailable rate.
		, , , , , , , , , , , , , , , , , , ,		
id employee request GSA Rate? Ye	es No			
Nightly rate granted by the ho	otel? \$	GSA Rate from www.gsa.gov	? \$	
To obtain the GSA Rate, visit <u>www.gsa</u>	a.gov, click Travel, and	follow instructions using the locatio	n of the conference or meeti	ng.)