Hoover City Schools
REQUEST FOR PROFESSIONAL LEAVE
Version- January 2020

Name ____________________________ School / Department ____________________________

Date submitted ______________________ Number of work day(s) leave is requested ________

Number of professional leave work days already approved this school year (June 1 to May 31) ________

Date(s) you will be away: Beginning Date ______________ Ending Date ______________

City (or location if in Birmingham) where you will be ________________________________

Purpose of leave (name of conference, workshop, activity, etc.) ________________________________

Do you have special responsibilities (presenter, officer, etc.)? Yes______ No______

If so, what are they? ____________________________________________________________________

Will a substitute be necessary for the days you are away from school? Yes______ No______

If so, how will the substitute be paid? ______ School - Approved by ____________________________

Account ____________________________

______ District - Approved by ____________________________

Account ____________________________

______ Other - ____________________________

SUBSTITUTE NAME: ____________________________

Complete this section if leave expenses other than a substitute will be requested from the school or district.

<table>
<thead>
<tr>
<th>Estimated Expenses:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registration $_________</td>
</tr>
<tr>
<td>Accommodations $_________</td>
</tr>
<tr>
<td>Food - One Day Travel $15.00/day $_________</td>
</tr>
<tr>
<td>Food - In state day(s) overnight at $75.00/day $_________</td>
</tr>
<tr>
<td>Food - Out-of-state day(s) overnight at $85.00/day $_________</td>
</tr>
<tr>
<td>Travel - Car _______ miles at $ 0.575/mile $_________</td>
</tr>
<tr>
<td>Other travel (airfare, parking, etc.) $_________</td>
</tr>
<tr>
<td>Miscellaneous $_________</td>
</tr>
</tbody>
</table>

Total Estimated Expenses (Not Including Substitute): $_________

Expenses will be paid by: ______ School - Approved by ____________________________

Account ____________________________

______ District - Approved by ____________________________

Account ____________________________

______ Other - ____________________________

After the leave occurs a TRAVEL EXPENSES FORM including receipts for hotels, registration, airfare, and miscellaneous expenditures must be attached to this form for reimbursement.

Signature of Person Requesting Leave ____________________________ Date ________

Principal or Superintendent Designee ____________________________ Date ________

NOTE: Hoover City Schools policy 5.10.7 limits professional leave days to five (5) days per scholastic year. Any leave exceeding this limit must be approved by the Superintendent or designee.