

**St. Marys City Schools
St. Marys, Ohio**

APPLICATION FOR USE OF PROFESSIONAL LEAVE

I am hereby making application for the use of leave and that the use of such leave is justified for the following reasons:

Professional Leave: _____ day(s) of Professional Leave (Pre-approval by superintendent is required)

Event: _____

Location: _____

Dates: _____

Days of the Week (circle): Su M T W Th F Sa

I will, will not need a substitute (internal expense) for _____ days.

Estimated (external) expenses to be paid by the Board are as follows:

Registration or attendance fee _____

Lodging: _____

Meals: _____

Mileage: _____

Total: _____

A professional leave report **MUST** be completed and submitted to the superintendent's office **within 3 days after the leave** if you wish to be reimbursed for the above external expenses. **If only substitute expense (internal) is incurred, no report is required.**

Date of Application: _____

Employee's Signature: _____

(Employee's Printed Name)

Supervisor's Signature: _____

Superintendent's Signature: _____

_____ Approved

_____ Denied