

**District Calendar / Leave Request
For School Activity or Professional Development**

Name of Employee: _____

Type of Leave Requested: _____
(activity or professional development)

Individual or Name of Group: _____

Number of Students: _____

Activity Date and Time: _____

Activity Location: _____
(city, state, and building or facility name)

Activity Name: _____
(as it will be listed on the District Calendar)

Substitute Needed: Yes No

Time of Day to Dismiss Students: _____

Prior Approval Required

**All three signatures are required before
the activity request will be approved.**

Signature of Employee

Date

Signature of Building Principal

Date

Signature of Superintendent

Date