Homewood City Board of Education Request for Professional Leave

	Date		
Name	School		
Request is hereby made for	day(s) of prof	essional leave for the date	es of
for the purpose of			
Do you need a substitute?	Yes	No	
		Signed	
Principal/Designee's Action: Check One:			
Approved			
Disapproved			
Source of Funding for Substitute Check One:	2:		
School Allocation for I	Professional Devel	opment	
Other (Specify)			
No Substitute Employe	ed		
		Signed	
Superintendent/Designee's Action Check One:	on:		
Approved			
Disapproved			
		Signed	