

**Blount County Schools**  
**Professional Leave Request**

Teachers.....please complete this form and return to your principal.

Teacher's Name \_\_\_\_\_

School \_\_\_\_\_

Date/s for Requested Leave \_\_\_\_\_

Reason (be specific) \_\_\_\_\_

Teacher's Signature \_\_\_\_\_ Date \_\_\_\_\_

Substitute Teacher Information (check one)

\_\_\_\_\_ Substitute teacher required (Name: \_\_\_\_\_)

\_\_\_\_\_ No Substitute required

Funding Information

\_\_\_\_\_ Central Office Allocation

\_\_\_\_\_ Required Central Office Professional Development

\_\_\_\_\_ Professional Development in the Race to the Top plan and approved by Central Office

\_\_\_\_\_ State Department Initiative Work (substitute reimbursement sent to district)

\_\_\_\_\_ Youth Leadership Blount Sponsor

\_\_\_\_\_ School Sponsored and Funded

\_\_\_\_\_ Association Leave

Principal Signature \_\_\_\_\_ Date \_\_\_\_\_