

**PROFESSIONAL LEAVE**

Professional leave is defined as an activity acknowledged by appropriate school personnel as being beneficial to the school system by having value to the curriculum, students, and/or the school system as a whole. **THIS FORM, WITH NECESSARY DOCUMENTATION, MUST BE RECEIVED BY MS. KIMMIE SLATTEN IN THE PERSONNEL OFFICE AT LEAST ONE WEEK IN ADVANCE OF THE REQUESTED LEAVE DATE(S).** Upon receipt, Ms. Slatten will stamp the date at top of form and pass along to the appropriate supervisor. Requests for professional leave received after this time will not be recognized unless an activity was scheduled for the professional with less than one week's notice.

Consideration shall be given based on the number of teachers absent at any given time, educational value, and prior professional leave granted. All professional leave must be approved by the school principal, area supervisor, and the superintendent or his/her designee.

Oral presentation(s) as to the value of the activity attended may be required by the school principal and/or school board.

**TWO DAYS** may be granted to representatives and/or officers of state, regional, and national professional organizations. An extension of additional days may be granted following approval of a written request to the superintendent.

**PART I – (To be completed by employee) NOTE: Professional Leave will not be approved if Part II and Part III are not completed.**

Employee Name \_\_\_\_\_ Employee # \_\_\_\_\_ School \_\_\_\_\_

Professional Leave Dates \_\_\_\_\_ Part of day (Ex: 1 day, ½ day, 2 hrs, 2 days, etc.) \_\_\_\_\_

Grade, Subject, or Organization \_\_\_\_\_

Activity/Destination (Attach Documentation): \_\_\_\_\_

What are your plans to follow up and evaluate the trip? \_\_\_\_\_

How does this activity have beneficial value to the curriculum, student, and/or the school system as a whole? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Substitute Required: \_\_\_\_\_ No \_\_\_\_\_ Yes- (Substitute Name: \_\_\_\_\_

Prior Professional Leave Granted This Year: \_\_\_\_\_ Yes \_\_\_\_\_ No

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PART II - (To be completed by principal)**

How is this activity related to the professional growth of the employee and/or of educational benefit to students?

\_\_\_\_\_

Principal's Signature: \_\_\_\_\_ Date \_\_\_\_\_

**PART III – (Office Use Only)**

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Approved \_\_\_\_\_ Disapproved Funding Category (REQUIRED): \_\_\_\_\_

Superintendent/Designee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**GUIDELINES FOR GRANTING PROFESSIONAL LEAVE  
FOR SUPPORT PERSONNEL**

Professional leave for support personnel is defined as an activity acknowledged by appropriate school personnel as being beneficial to the school system by having value to the curriculum, students, and/or the school system as a whole. All professional leave must be approved by the school principal, area supervisor, and the superintendent or his designee. Two weeks advance notice must be given by applicants. Consideration shall be given based on the number of employees absent at any given time.

School Activities which require a support employee to take leave will reimburse the Beauregard Parish School Board the cost (salaries/benefits) for providing the substitute(s).

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**PART I: (Employee)**

\_\_\_\_\_ Employee # \_\_\_\_\_ School \_\_\_\_\_

\_\_\_\_\_ Leave Date(s)

\_\_\_\_\_ Part of Day (Ex: 1day, 1/2 day, 2 hours, 2 days)

Prior Administrative Leave Granted This Year: \_\_\_\_\_ NO \_\_\_\_\_ YES

School Activity (Attach Justification): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Substitute Required: \_\_\_\_\_ NO \_\_\_\_\_ YES – (Substitute Name: \_\_\_\_\_)

\_\_\_\_\_

Employee Signature

\_\_\_\_\_ Date

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**PART II: (Personnel)**

Funding Category (Required): \_\_\_\_\_

\_\_\_\_\_ Principal's Signature

\_\_\_\_\_ Date

\_\_\_\_\_ Supervisor's Signature

\_\_\_\_\_ Date

\_\_\_\_\_ Approved \_\_\_\_\_ Disapproved

\_\_\_\_\_ Superintendent/Designee's Signature

\_\_\_\_\_ Date