



Administrative Center

# ZANESVILLE CITY SCHOOLS

956 Moxahala Avenue, Zanesville, Ohio 43701

## APPLICATION FOR PROFESSIONAL LEAVE

Employee's Name: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

School Assignment: \_\_\_\_\_

*This application should be submitted at least 30 days prior to the meeting. The staff member may be requested to present an in-service to the Board of Education concerning the meeting attended.*

Reason for request: \_\_\_\_\_

Location of meeting: \_\_\_\_\_ Date(s) of meeting: \_\_\_\_\_  
City & State

Days of absence from assignment: \_\_\_\_\_

Leave to begin: \_\_\_\_\_ Leave to end: \_\_\_\_\_  
Date Date

Have you attended previous meetings of this organization:    
Y N

Will a substitute be required?    
Y N

### Estimated expenses

Transportation: \_\_\_\_\_

Hotel / Motel: \_\_\_\_\_

Food: \_\_\_\_\_

Registration: \_\_\_\_\_

Other: \_\_\_\_\_

**TOTAL COST:** \_\_\_\_\_

**SUB PAID BY:** \_\_\_\_\_

**VERIFIED BY:** \_\_\_\_\_

**FUNDED BY:** \_\_\_\_\_

**VERIFIED BY:** \_\_\_\_\_

\_\_\_\_\_  
Signature of Principal

\_\_\_\_\_  
Signature of Employee

APPROVED BY: \_\_\_\_\_  
Superintendent or Designee

\_\_\_\_\_  
Date