



Washington
West
Supervisory
Union

1673 Main Street
Suite A
Waitsfield, VT 05673

Phone: (802) 496-2272
Fax: (802) 496-6515

Professional Leave Request Form

Name: _____ School: _____ Date: _____

Date(s) of requested leave (including day(s) of week) to
conduct professional affairs as defined in the master contract: _____

Typical activities may be, but not be limited to:

Educational conventions, evaluations committees, educational workshops, conferences, seminars, district curriculum workshops, educational exchange programs, representative of school at P. R. events, staff development activities.

*** All requests for professional leave will be at the discretion of the school administrator or department head. Five days advanced notification is required if requesting a substitute. ***

Purpose of Leave: _____

Substitute needed? YES _____ NO _____

If yes, time coverage needed? Full Day _____ Half Day _____ Block/Period _____

Lunch/recess/bus duty coverage needed? YES _____ NO _____

If yes, which duty? _____

Employee Signature: _____ Date: _____

FOR ADMINISTRATIVE USE ONLY:

_____ Request approved Denial reason: _____
_____ Request denied

Administrator/Dept. Head Signature: _____ Date: _____