

SALEM SCHOOL
SALEM, CONNECTICUT

DATE: _____

LEAVES OF ABSENCE
REQUEST FOR PROFESSIONAL DAY

In accordance with Article VI, Section 2 of the teacher's contract, I am requesting leave of absence from my position for professional leave during regular working hours.

Request shall be made a minimum of (2) full days in advance except in cases of emergency.

Name (Print)

Date Requested

Full Day____ Half Day AM____ Half Day PM____

Description of PD

Please list how this PD supports the School Improvement Plan and/or professional goals.

Cost \$_____ (Please attach any program flyer/registration information)

Location of PD:

Sub Needed (circle one) YES NO

Employee's Signature

PLEASE SCHEDULE STEP 1 AND STEP 2 MEETINGS WITH SCHOOL SECRETARY

Step 1: Review PD Request with immediate supervisor.

Supervisor's Signature

Approved_____

Denied_____

Date_____

Sep 2: Review PD Request with Director of Curriculum.

Director of Curriculum's Signature

Approved_____

Denied_____

Date_____

Step 3: Enter your PD request into AESOP once approved in Step 1 and Step 2.

Step 4: Submit PD form to HR once approved in Step 1 and Step 2.

Step 5: HR will submit PD form to Business Office.