

# BROWNSVILLE INDEPENDENT SCHOOL DISTRICT

## PROFESSIONAL LEAVE/STAFF DEVELOPMENT APPLICATION REQUEST FORM

# SRN

### WITHIN THE DISTRICT (INHOUSE)

TYPE OF LEAVE: District Requested \_\_\_\_\_ Employee Requested \_\_\_\_\_ Staff Development \_\_\_\_\_

### I. Employee's General Information

Name: \_\_\_\_\_

Campus/Dept. \_\_\_\_\_

Purpose of Leave/Training: \_\_\_\_\_

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

Place: \_\_\_\_\_

Time: (Staff Development Only) \_\_\_\_\_

### II. Time (Leave Request Only)

DEPARTURE: Date \_\_\_\_\_ Time \_\_\_\_\_

RETURN: Date \_\_\_\_\_ Time \_\_\_\_\_

### III. Funding Source

Registration Fee: Local \_\_\_\_ Bilingual \_\_\_\_ Comp. Ed. \_\_\_\_ Title I \_\_\_\_ Other \_\_\_\_ Specify: \_\_\_\_\_

Account Number (s) \_\_\_\_\_

SUBSTITUTE REQUIRED: Yes \_\_\_\_ No \_\_\_\_ Local \_\_\_\_ Bilingual \_\_\_\_ Comp.Ed. \_\_\_\_ Title I \_\_\_\_

Account Number (s) \_\_\_\_\_

IV. Is this request congruent with the objectives of your campus SAIP? Yes \_\_\_\_ No \_\_\_\_

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Administrator/Principal

\_\_\_\_\_  
Date

\_\_\_\_\_  
Area Administrator

\_\_\_\_\_  
Date

Signature on Absence from Duty Report ensures that copies of Professional Leave/Staff Development form must be available for audit purposes.

Original: Retained by applicant.

Copy 1: Funding source.

Copy 2: Approved form is returned to immediate supervisor. (Kept at campus/department for 4 school years.)

Copy 3: Approved form is filed with Area Administrator.