

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.