



**West Branch
Local School District**
14277 Main Street
Beloit, Ohio 44609
Phone (330) 938-2183

REQUEST FOR PROFESSIONAL LEAVE/SUPERINTENDENT'S ASSIGNMENT

Please complete form in QUADRUPPLICATE for action by Administration/Board of Education

Name _____ Date _____

Date(s) Requested Leave _____

Where: _____

Purpose: _____

(To be filled in by Employee)

Estimated Costs:

Registration _____

Lodging _____

Meals _____

Miles _____

Costs Paid By: _____

Substitute: is needed is not needed

(To be filled in by Office)

Principal _____

Superintendent _____

Professional Leave Superintendent's Assignment

Approved _____

Disapproved _____

Board approval date _____

*** NOTE**

This form must be submitted at least two weeks in advance of the date(s) requested to the building Principal, approved by the Superintendent, and acted upon by the Board of Education before the day(s) of professional leave are taken.