

Bethany School
Application for **PROFESSIONAL** Leave

Name _____ Position _____

Number of **PROFESSIONAL** days requested _____

Actual **day(s)** of absence(s) Please circle: M T W Th F

Actual **date(s)** of absence(s) _____

For partial days, please include actual hours of absence: From _____ to _____

Faculty school hours are: Monday and Tuesday 7:45 a.m. - 4:00 p.m.
Wednesday, Thursday, & Friday 7:45 a.m. to 3:15 p.m.

Leave is assessed as follows: Up to 2 hours - 1/4 day 2 hours to 4 hours -1/2 day
4 hours to 6 hours- 3/4 day 6 hours or more- 1 day

Is a substitute needed in your absence? _____ Yes _____ No

For partial days list all classes and class times for which coverage is needed: _____

The time indicated above is hereby requested for the following: _____

Expenses to be considered for coverage by the school are:

I understand that a total of 2 days professional leave is available to me to be used for conferences, workshops or other activities which might enhance my professional growth. Additional days are at the discretion of the head of school. Request for professional leave must be submitted 10 days in advance, whenever possible.

To date, I have used _____ professional days in the current school year:

Signature of Employee

Signature of Head of School

Date submitted

Date Approved

Please return completed form to David Gould. A copy will be returned to you after being processed:

____ copied _____ calendar _____ computer _____ substitute _____