



Minford Local School District
PO Box 204
Minford, OH 45653-0204



Professional Leave Form

Employee's Name _____

Date Submitted _____ Purpose _____

Dates _____ Place Where Held _____

Signature _____ Title _____

Department _____ School _____

ESTIMATED EXPENSES

Distance (Round Trip) _____ Fare (Round Trip) _____ Registration _____

Lodging _____ Food _____ Other Costs _____

Is a substitute needed? (Click the mouse in the appropriate box) Yes No

If you checked yes, how many days is a substitute needed? _____

Signed _____
Building Principal

Date Received in Superintendent's Office _____ Total Amount Applied For _____

Amount Approved _____

Signed _____
Superintendent of Schools

PLEASE SUBMIT 3 COPIES:

- 1 - Superintendent
- 1 - Principal
- 1 - Employee

Upon returning from professional leave, this form and **all receipts** of expenditure shall be turned into the Treasurer's office for payment.