

**MAINE SCHOOL ADMINISTRATIVE DISTRICT No. 75
50 REPUBLIC AVENUE
TOPSHAM, ME 04086**

TEACHER'S REQUEST FOR PROFESSIONAL LEAVE

Leaves not to exceed three (3) school days with full pay, but no expenses, may be granted by the Superintendent to teachers attending conferences or important professional meetings. In addition, each teacher shall be allowed one (1) school day for the purpose of visiting classes in some other school. Each teacher shall submit a properly executed request form and furnish a report to the Superintendent following the conference or visit.

Date Submitted: _____

Name of conference: _____

Place visiting: _____

Contact person: _____

Please state purpose for attending conference or visitation and submit a written report to the Superintendent following conference or visit.

Date (s) of leave to be taken: _____

Teacher's Name (Please Print) _____

Teacher's signature: _____

Principal's signature: _____

_____ **Days available prior to request**

_____ **Approved**

_____ **Not approved**

_____ **Superintendent's Signature**

Comment:

Note: If a copy is desired for reference by the administrator initiating this form, it should be copied prior to submitting the form to Human Resources. No copies of the form are distributed after completion by all signatories. The original is retained by Human Resources for 5 years.