

PROFESSIONAL IMPROVEMENT LEAVE OF ABSENCE APPLICATION

Last First Middle

Street City State Zip

Telephone number

School

Years in district
(Policy requires 3 consecutive years)

Reason leave requested (Check one)

_____ Completion of degree requirement

_____ Improvement of certification

_____ Participation in a program of educational significance

(Complete narrative description on attached sheet.)

Period of leave:

From _____ Until _____

I understand approval of this application will be governed by district policy GCCAE.

Employee signature Date

Supervisor's signature Date

RETURN APPLICATION AND NARRATIVE TO HUMAN RESOURCES

(TO BE COMPLETED BY HUMAN RESOURCES)

Received in human resources department: _____
Date

Committee approved or disapproved Date