

**Gilmer County Schools**  
**809 Medical Drive, Suite 1**  
**Glennville, WV 26351**

**I. Professional Leave Request**

A. I request permission for Professional Leave to attend \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B. Date(s) \_\_\_\_\_

C. Please relate attendance at Professional Meeting to:

1. Goals and Objectives of Gilmer County Board Of Education: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Curriculum: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Content area of assignment: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

D. Services of a substitute required? \_\_\_\_\_

E. Cost of Attendance: Mileage \_\_\_\_\_ X \$ \_\_\_\_\_ per mile = \$ \_\_\_\_\_

Registration fee(s) \$ \_\_\_\_\_

Miscellaneous Expense: Meals \$ \_\_\_\_\_

Lodging \$ \_\_\_\_\_

TOTAL COST \$ \_\_\_\_\_

PORTION ASSUMED BY BOARD\*

Levy ( ) Operating Budget ( )

Special Educ. ( ) Federal Prog. ( )

Portion of cost to be assumed by Board \$ \_\_\_\_\_

Portion of cost assumed by other agency \$ \_\_\_\_\_

\*Funding Source Must Be Complete  
Before Leave Request Can Be Processed

SIGNED: \_\_\_\_\_ Employee DATE: \_\_\_\_\_

APPROVED: \_\_\_\_\_ Supervisor DATE: \_\_\_\_\_

APPROVED: \_\_\_\_\_ Superintendent DATE: \_\_\_\_\_

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_