

REQUEST FOR ASSIGNED DUTY

SUB NEEDED (YES) (NO)

This form should be received in the Central Office no less than five (5) working days prior to requested date of leave.

NAME: \_\_\_\_\_

DATES REQUESTING ASSIGNED DUTY: \_\_\_\_\_

PURPOSE: \_\_\_\_\_

APPROVED _____	PRINCIPAL _____	DATE _____	SUPERINTENDENT _____	DATE _____
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NOT APPROVED _____	PRINCIPAL _____	DATE _____	SUPERINTENDENT _____	DATE _____
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REASON NOT APPROVED: \_\_\_\_\_

FOR CENTRAL OFFICE USE ONLY

GPS \_\_\_\_\_ SW \_\_\_\_\_ TITLE II \_\_\_\_\_ SP ED GPS \_\_\_\_\_ IDEA \_\_\_\_\_ CAREER GPS \_\_\_\_\_ OTHER \_\_\_\_\_

Assigned duty is a short, temporary absence for the purpose of attending professional meetings relating to school business.

REVISED 02/2017

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