

**REQUEST FOR ASSIGNED DUTY**

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

**NOT APPROVED:** \_\_\_\_\_  
                  PRINCIPAL                   DATE                   SUPERINTENDENT                   DATE

**REASON NOT APPROVED:** \_\_\_\_\_  
\_\_\_\_\_

**FOR CENTRAL OFFICE USE ONLY**

**GPS** \_\_\_\_\_ **SW** \_\_\_\_\_ **TITLE II** \_\_\_\_\_ **IDEA** \_\_\_\_\_ **OTHER** \_\_\_\_\_

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

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