



Garfield Heights City Schools Teaching & Learning

5640 Briarcliff Dr., Garfield Heights, OH 44125

Application for In-District Professional Leave

Name: _____ Date: _____ Building: _____

Date(s) of Proposed Professional Leave: _____ Substitute needed: Yes No

I am applying for Professional Leave to participate in a district-initiated work activity or event that requires the applicant to be away from their assignment.

Activity Title: _____

Registration: Needed Submitted

Dates (including travel dates): _____ Location: _____

Fund paying for substitute: _____

X _____
Applicant's Signature *Date*

X _____
Principal's Signature *Date*

X _____
District Designee, Title *Date*

TAX EXEMPTION CERTIFICATES ARE AVAILABLE AT THE TREASURER'S OFFICE.
TAXES WILL NOT BE REIMBURSED. TIPS REIMBURSED UP TO 15%.