

Columbiana County Educational Service Center

38720 Saltwell Road ☆ Lisbon, Ohio 44422
 office (330) 424-9591 ☆ fax (330) 424-9481

REQUEST FOR PROFESSIONAL LEAVE

Name			
Date(s) I wish to be excused			
Total number of days			
PURPOSE			
What			
Where			
REQUISITION FOR REGISTRATION <i>(submit a regular Requisition Form for Accommodations)</i>			
To		PO #	
DESCRIPTION OF REGISTRATION			FEE
TOTAL REGISTRATION FEE			\$

Employee Signature

Date

Approval Granted

Director's/Assistant Superintendent's Signature

Date

Superintendent's Signature

Date

Approval Not Granted

Director's/Assistant Superintendent's Signature

Date

REASON FOR NOT APPROVING REQUEST: _____

CC: White Assistant Treasurer