

CLEVELAND HEIGHTS-UNIVERSITY HEIGHTS CITY SCHOOLS
In-District Professional Leave Request

Meeting: _____

Location: _____

Date: _____

Time: _____

Requested by: _____

(Person Convening the Meeting)

<u>Attendees</u>	<u>Work Location:</u>	<u>Sub Assigned Name:</u>	<u>Sub needed:(x)</u>	
			<i>Half day</i>	<i>Full day</i>
1. _____				
2. _____				
3. _____				
4. _____				
5. _____				
6. _____				
7. _____				
8. _____				
9. _____				
10. _____				
11. _____				
12. _____				
13. _____				
14. _____				
15. _____				

Please send copies to: *Person Convening Meeting, (Teacher attending meeting fill in Sub's Name)*
Board of Education Attn: Educational Services (After meeting)

Total Substitute Cost* = _____

*(Substitute charge: \$64.50 half day; \$129.00 whole day)

Account # to be charged: _____

Signature of Budget Manager: _____