

**CLEVELAND HEIGHTS-UNIVERSITY HEIGHTS CITY SCHOOLS**  
***In-District Professional Leave Request***  
***(Federal Funds Only Form)***

Meeting: \_\_\_\_\_

Location: \_\_\_\_\_

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Requested by: \_\_\_\_\_  
 (Person Convening the Meeting)

Attendees	Work Location:	Sub Assigned Name:	Sub needed:(x)	
			Half day	Full day
1. _____				
2. _____				
3. _____				
4. _____				
5. _____				
6. _____				
7. _____				
8. _____				
9. _____				
10. _____				

**Total Substitute Cost\* = \_\_\_\_\_ (Substitute charge: \$64.50 half day; \$129.00 whole day)**

**Account # to be charged: \_\_\_\_\_**

OMB Circular A-87, Attachment B (8)(h)(4) states: "Where employees work on multiple activities or cost objectives, a distribution of their salaries or wages will be supported by personnel activity reports or equivalent documentation..." As the supervisory official/Principal for \_\_\_\_\_ (Title I, IDEA, Title II A) \_\_\_\_\_, I hereby certify that the employees signed in above worked solely for the single cost objective covered by the Federal Fund for the time designated above.

**Signature of Federal Fund Manager: \_\_\_\_\_**

The substitutes listed above worked solely on the single Federal award for the period of time listed above. I am the supervisory official/Principal who has first-hand knowledge of the work performed by the substitute in my building.

**Signature of Building Principal: \_\_\_\_\_**