

**SCOTT COUNTY SCHOOLS
APPROVED EDUCATIONAL LEAVE**

Name of Employee: _____ Date of Request: _____

School: _____

Reason for educational leave request: _____

Date or dates of leave: _____ Number of days: _____

_____ Will need substitute

_____ Will not need substitute
will cover otherwise

Will reimbursement be requested? _____ Yes _____ No

If yes, list approximate amounts. Lodging _____

Food _____

Travel _____

Total _____

SIGNED _____

PRINCIPAL _____

APPROVED _____

*This approved form must be attached to absent employee report.