

REQUEST FOR ASSIGNED DUTY**SUB NEEDED (YES) (NO)**

This form should be received in the Central Office no less than five (5) working days prior to requested date of leave.

NAME: _____

DATES REQUESTING ASSIGNED DUTY: _____

PURPOSE _____

APPROVED _____	_____
PRINCIPAL	DATE
_____	_____
SUPERINTENDENT	DATE

NOT APPROVED _____	_____
PRINCIPAL	DATE
_____	_____
SUPERINTENDENT	DATE

REASON NOT APPROVED: _____

FOR CENTRAL OFFICE USE ONLY

GPS__ SW__ TITLE 11__ SP ED GPS__ IDEA__ CAREER GPS__ OTHER_____

Assigned duty is a short, temporary absence for the purpose of attending professional meetings relating to school business.

REVISED 12/2019

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