



500 E. Sunflower Blvd., Ozawie KS 66070

Professional Leave Request Form

****This form is to be used for workshops that ARE held/sponsored by Keystone****

****After principal approval submit to Keystone: ATTN: Linda Chalker****

Date: _____ (Submission deadline is 3 weeks prior to workshop/conference date)

Employee Name: _____ USD Name & Number: _____

****You MUST submit workshop/conference information with this request****

Activity/Conference _____

Date(s) _____ ****ALL REGISTRATION WILL BE COMPLETED BY KLS**

State your objectives: _____

Do you intend to submit a validation of activity form for this activity? YES _____ NO _____

Substitute Needed (circle one) Yes No Number of days _____

****IF SUB REQUIRED, AFTER APPROVAL, MAKE ARRANGEMENTS WITH LOCAL DISTRICT**

Principal(s) _____ Approved _____ Denied _____

Keystone Administrator _____ Approved _____ Denied _____