



Mashpee Public Schools Request for Professional Leave

Today's Date _____

Name _____

School _____

Leave Requested Date(s) _____

Reason for Leave _____

Type of Leave

- In-District
 Out-of-District

Office Use Only

Approved
 Denied

Principal/Administrator

Out-of-District Reimbursements

Costs

- | | |
|---|-------|
| <input type="checkbox"/> Registration/Fees | _____ |
| <input type="checkbox"/> Transportation | _____ |
| <input type="checkbox"/> Meals | _____ |
| <input type="checkbox"/> Hotel/Accommodations | _____ |
| <input type="checkbox"/> Other _____ | _____ |

Approved (Out of District ONLY)
 Denied

Superintendent/Designee

Employee Signature

To be submitted to the Building Principal for approval before leave is taken.