

**BALDWIN COUNTY BOARD OF EDUCATION**  
**2600-A North Hand Avenue**  
**Bay Minette, AL 36507**

**LEAVE REQUEST**

**SCHOOL:** \_\_\_\_\_ **DATE(S) OF ACTIVITY:** \_\_\_\_\_

**ACTIVITY:** \_\_\_\_\_

**LOCATION:** \_\_\_\_\_

**TITLE I SCHOOLS - Name the goal and objective as outlined in your ACIP school-wide plan:** \_\_\_\_\_

**Is the meeting/activity mandated by State or Federal Agency:** Yes No

**EMPLOYEE(S)**

**POSITION**

\_\_\_\_\_  
 \_\_\_\_\_  
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 \_\_\_\_\_  
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**NUMBER OF SUBSTITUTES REQUIRED** (Document below the Fund to pay for substitute and code.)

**Local School Code:** \_\_\_\_\_

**Central Office / Departmental Funds Code:** \_\_\_\_\_

**System Funds \*Approved Source of Funds:** \_\_\_\_\_

(\*Submit requests for system-paid substitutes to the Superintendents office for approval)

**INDICATE SOURCE OF FUNDS TO PAY RELATED COST OF TRAVEL, REGISTRATION, ETC:**

Local School System Funds Title I Title II

Other(Description of Other): \_\_\_\_\_

**WILL RENTAL VEHICLE BE REQUIRED FOR TRIP?** Yes No **IF YES, PROVIDE REASON FOR RENTAL VEHICLE:**

**Rental Vehicle Approval (Superintendent or Designee Required ):** APPROVED DENIED

**ESTIMATED ACTIVITY COST:** \_\_\_\_\_ **Total Registration** \_\_\_\_\_ **Total Travel** (mileage, hotel, meals, other misc)  
**Purchasing Card Needed for Travel** \_\_\_\_\_ **Reimbursement for travel will be requested upon return**

**APPROVED: Principal/** \_\_\_\_\_ **Supervisor** \_\_\_\_\_

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

**APPROVED: Coordinator/** \_\_\_\_\_ **Asst. Superintendent/Division Director**

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

**APPROVED: Superintendent:** \_\_\_\_\_

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

**DENIED:**