



Professional Leave Request

To request leave that requires an absence from the professional employee's regular assignment, complete the section below and forward to the appropriate building principal and/or supervisor.

Note: Once Professional Leave is approved, a copy will be returned to the professional employee. The professional employee must enter the absence into Subfinder by phone 208-854-4001 or the website <http://matrix.boiseschools.org/webconnect>

Name (Please Print): _____ ID # _____

Signature: _____ Position: _____

Building: _____ Building Number: _____

As determined by the Superintendent, or designee, a reasonable number of such absences from regular school duties shall be approved without any salary deduction provided a written request and explanation is filed and approved by the principal/supervisor before the absence is entered into Subfinder. Such requests may be denied if not filed at least (10) ten calendar days in advance of the requested absence. When such leave is granted, the professional employee will be notified in writing. (Master Contract Article XII, J)

Identify the type of Professional Leave (*Check appropriate box*): Subfinder reason code in parenthesis below

- | | |
|---|---|
| <input type="checkbox"/> Workshop/Clinic (8) | <input type="checkbox"/> Association Leave (includes presentations to State Legislature) (19) |
| <input type="checkbox"/> Curriculum Writing (16) | <input type="checkbox"/> Collaboration Meeting (20) |
| <input type="checkbox"/> Classroom Observation (17) | <input type="checkbox"/> IEP Hearing and/or Planning Meeting (21) |
| <input type="checkbox"/> Graduate Degree Completion (18) | <input type="checkbox"/> Technology Coordinator Leave (23) |
| <input type="checkbox"/> Legal proceedings connected with the District (21) | <input type="checkbox"/> Other Professional Leave (7) _____ |

Name of Program: _____

Date(s) of Program: _____ Location of Program: _____

Substitute Required: No Yes _____ Total number of days Sub required

Professional Leave: Approved Denied

Building Principal/Supervisor Date

| | |
|----------------------------|------------------------|
| OFFICE USE | |
| Subfinder Job Number _____ | Substitute Name: _____ |
| Notes: _____ | |