



# North Adams Community Schools Professional Leave Form

Request for approval of absences with pay for professional purposes.

First Name

Last Name

Work Location

E-mail Address

Training Start Date

Training End Date

Is a substitute required?

Sub

Yes

Full

No

AM

PM

Training Title

Training Location

District vehicle requested?

Yes

No

If yes, contact Vicki Girard at  
ext. 2503 or  
[girardv@nadams.k12.in.us](mailto:girardv@nadams.k12.in.us).

Mileage for personal vehicle can  
only be submitted in the event a  
district vehicle is **NOT** available.

Reason(s) for attending this training:

Employee Signature

Date

Building Administrator

Date

Director of Learning/Superintendent

Date

**Save As:**

Username\_PDTitle\_Month\_Day\_Year

**Teachers :**

Email to principal

**Principals:**

E-mail to Director of Learning

### Reimbursement Requirements:

Original receipts and a completed Accounts Payable Voucher must be submitted for processing. Receipts and documentation need to be submitted within two working days. Reimbursement of purchases must be pre-approved.