



Alvarado I S D



Request for Professional Leave

Name: _____

Date: _____

Campus: _____

Purpose of Leave: _____

Agenda must be attached

Departure Date and Time: _____

Return Date and Time: _____

Destination: _____

How does this satisfy the following:

- A. Support goals/Objectives of a campus plan.
- B. Supported lesson plans. Please attach
- C. How will this information be shared with the campus/district personnel.

Faculty Signature

Date

Faculty Signature

Date

Faculty Signature

Date