Appling County Board of Education

Scarlett Miles Copeland Ed. D. Superintendent Scarlett.copeland@appling.k12.ga.us



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REQUEST FOR PROFESSIONAL LEAVE SUBSTITUTE PAYMENT

To: Professional Development Department Date: Training in the area of (name of specific course/conference/workshop): is to be held at			
		on	·
		Teacher:	Paraprofessional:
School:	School:		
Substitute's Name: _			
Daily Rate:	Number of Days:		
Fund Source:			
	CTAE		
	ESOL		
	Migrant		
	Pre – K		
	Special Education		
	State Professional Development		
	Title I		
	Title IIA		
	Title III		
	Title IVA		
	Title VB		
	Other:		
Program Director A	pproval:		
	:		