

WCSD Association Leave Approval Form

Name _____ Date _____

Association Assignment _____ Home Phone _____

School _____ Position/Assignment _____

Location of training, workshop, conference, course, training, meeting or related committee work activities: _____ Phone No. _____

Requested date(s) for paid association leave _____

Reason for leave, to include description of training, events, and proposed outcomes:

Describe the "Direct Educational Benefit" this activity will provide:

Requested date(s) for UNPAID association leave _____

Reason for leave _____

Statement of Understanding:

The above request for paid association leave will not be used to engage in political activity, including: actively campaigning for candidates for public office in partisan and nonpartisan elections; and fundraising for political organizations, political parties, or candidates. I understand that use of paid association leave for political activity or any misstatement or falsification of this request will result in disciplinary action in accordance with District Policy and UCA 53A-8-10-4.

Signed _____ Date _____

APPROVAL

Signature of Principal or Administrator Date _____

Signature of Superintendent Date _____