WCSD Association Leave Approval Form

Name	Date
Association Assignment	Home Phone
School	Position/Assignment
	, course, training, meeting or related committee work Phone No
Requested date(s) for paid association leave	e
Reason for leave, to include description of	training, events, and proposed outcomes:
Describe the "Direct Educational Benefit" t	this activity will provide:
	leave
actively campaigning for candidates for public for political organizations, political parties, or	will not be used to engage in political activity, including office in partisan and nonpartisan elections; and fundraising candidates. I understand that use of paid association leavelsification of this request will result in disciplinary action in 8-10-4.
Signed	Date
APPROVAL	
	Date
Signature of Principal or Administrator	Date
	Date
Signature of Superintendent	