

**VENANGO TECHNOLOGY CENTER
CENTER EMPLOYEE/HOME SCHOOL COACH POLICY
REQUEST FOR PROFESSIONAL LEAVE**

Date: _____

Name: _____

Instructional Area: _____

Scheduled Competition Date(s): _____

Name of Specific Competition: _____

Participating School District: _____

Comments: _____

Substitute Charges: _____

Approved: _____ Superintendent Verification: _____
(Director Initial & Date) (Superintendent Initial & Date)