

Bibb County Schools

REQUEST FOR DETACHED DUTY

NAME _____ DATE _____

SCHOOL _____

REASON FOR REQUEST (To be completed by employee):

Detached Duty location _____ Date(s) _____

Name of conference, workshop, etc. _____

Organization conducting conference, workshop, etc. _____

Description of how detached duty relates to current position _____

Date(s) of previous detached duty this school-year: _____

TO BE COMPLETED BY PRINCIPAL:

Is a substitute necessary? YES NO

How will substitute be paid? Title I State Professional Employment
 Title II Local School Funds
 Other _____

Adequate funds must be available in the source indicated. General fund requires prior approval. If local school funds are used, reimbursement to the board must accompany the monthly payroll.

Approval by Principal

Date _____

Superintendent's Comments:

Approval by Superintendent

Date _____