|  |  |  |  |
| --- | --- | --- | --- |
| **Recd** |  | **Time** |  |
| **SIMS** |  |  |  |

**LEAVE OF ABSENCE – PROFESSIONAL**

***At least two weeks’ notice is required for visits/trips.***

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **NAME** |  | | | MON TUE WED THU FRI  *(please circle)* | | | **DATE** | |  | | | |
| **VENUE** |  | | | | | | **TIME** | |  | | | |
| **REASON** |  | | | | | Has ST signed the Evolve form? Yes  No | | | | | | |
| ***COURSE DETAILS (must be completed)*** | | | | | | | | | | | | |
| **Is it school based?** | |  | **Is it an external course?** | |  | | **Course code (if external)** | |  | | | |
| **Who is funding the course?** | | |  | | | | **Is this CPD?** | |  | | | |
| **Course provider?** | | |  | | | | **Cost (if known)** | | £ | | | |
| **Give 2 key aims showing how you expect this course to address Teaching and Learning in school?** ` | | | | | | | | | | | | |
| **1.** | | | | | | | | | | | | |
| **2.** | | | | | | | | | | | | |
| **Has this been identified as a result of Performance Appraisal/Coaching?** | | | | | | | | **Yes** | |  | **No** |  |
| **Is it linked to a target in the Academy and/or Department Improvement Plan?** | | | | | | | | **Yes** | |  | **No** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Staff Signature** |  | **Date** |  |
| **Principal Signature** |  | **Date** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **CUMULATIVE PERIODS/DAYS** | | | |  |
| **Reason** | | **Days** | **AM** | **PM** |
| School Visits/Trips/Competitions | |  |  |  |
|  | Lesson observation |  |  |  |
|  | Exams/Controlled Assessments |  |  |  |
|  | Additional student/class support |  |  |  |
|  | Marking time/Work sampling |  |  |  |
| Internal Meetings | |  |  |  |
| External Meetings | |  |  |  |
| Meeting with parents | |  |  |  |
| Training/CPD/Courses | |  |  |  |
|  | TOTALS |  |  |  |
|  | % Days Absent |  | |  |