

**EDUCATIONAL LEAVE
APPLICATION FORM – REQUIRES DIRECTOR'S APPROVAL**

Name: _____
Position _____
Supervisor _____
Work Location _____

Office use:
Length of employment _____
Performance evaluations:
(number in each category)
_____ Merit
_____ Satisfactory
_____ Unsatisfactory
_____ Improvement needed

Type of education leave:
financial assistance
tuition \$ _____
books or materials \$ _____
other \$ _____
use of property or equipment

work release time _____

Supervisor's comments:

Approved: _____ Not Approved _____
Signature: _____

Describe the course. Explain how it will benefit the Library.

Agreement:
I have read and I understand the requirements of the educational leave policy. I agree to all of the terms of the policy. I agree to re-imburse the Beauregard Parish Library for all financial assistance received if I do not meet the requirements for financial assistance as approved by the Library Board of Control.
Applicant's signature _____ Date _____