



THE COLLEGE OF THE BAHAMAS PROFESSIONAL LEAVE APPLICATION FORM

1. Requests for Professional Leave must be submitted through the Chair/Director to the Human Resources Department for consideration by the Professional Leave Committee.
2. Faculty applying for grants should make every effort to submit their Professional Leave Application Form at least **three (3) months before the expected date of the event.**
3. Faculty should explain, in at least 3 paragraphs double-spaced (one page maximum), the relevance of the event to the School/Department and The College as a whole.
4. Faculty who are presenting should attach a copy of the abstract, a copy of their acceptance letter, and documentary evidence of the registration fees to the Professional Leave Application Form.
5. Faculty should submit the completed Professional Leave Projected Expenses Form with the Professional Leave Application Form.
6. Faculty granted Professional Leave must submit a report detailing their participation to the Director, Human Resources, copied to the Dean and Chair/Director, and submit the completed Faculty Expense Report to the Business Office, **within four (4) weeks of their return.**

NAME: _____ **RANK/POSITION:** _____

SCHOOL/INSTITUTE/DEPARTMENT: _____

CAMPUS: _____ **DATE OF EMPLOYMENT:** _____

NAME OF CONFERENCE(S) ALREADY ATTENDED THIS ACADEMIC YEAR (THIS PERIOD WILL NORMALLY RUN FOR ONE (1) YEAR BEGINNING ONE (1) WEEK PRIOR TO THE START OF THE FALL SEMESTER CLASSES.):

NAME OF CONFERENCE APPLYING FOR: _____

SPONSORED BY: _____

VENUE: _____

NUMBER OF DAYS: _____ **DATES: FROM:** _____ **20** _____ **TO:** _____ **20** _____

ARRANGEMENT FOR RESPONSIBILITIES: _____



PROFESSIONAL LEAVE PROJECTED EXPENSES FORM

The completed Professional Leave Projected Expenses Form *must*:

- accompany the Professional Leave Application Form, and
- include evidence of the likely cost for airfare, accommodation and fees.

Name of Applicant: _____

Name of Conference/Workshop: _____

Venue: _____

Date: _____

Item	Projected Expenses
Conference/Workshop Fees (attach supporting documentation)	
Airfare	
Accommodation	
Ground Transportation	
Meals	
Miscellaneous (Specify)	
TOTAL	

Signature of Applicant

Date