



DeKalb County School District  
**Athletic Department**  
5829 Memorial Drive  
Stone Mountain, GA 30083  
Office (678) 676-1821  
Fax (678) 676-1829

**MEMO TO: James P. Jackson**  
**Executive Director of Athletics**

SCHOOL \_\_\_\_\_

NAME OF COACH/TEACHER \_\_\_\_\_

ATHLETIC EVENT TO BE ATTENDED \_\_\_\_\_

DAY OF WEEK	DATE	FULL DAY	HALF DAY

**101.38.16.00.000101.999.0000**  
CHARGE CODE FOR PROFESSIONAL LEAVE

\_\_\_\_\_  
**PRINCIPAL'S SIGNATURE**

**PROFESSIONAL LEAVE IS AUTHORIZED WITH FULL PAY.**

\_\_\_\_\_  
**APPROVAL-EXECUTIVE DIRECTOR OF ATHLETICS**

(After approval by the Executive Director of Athletics, a copy will be returned to the principal to be included with the payroll report. On the payroll report, the absence should be marked authorized with pay.)