

STAFF DEVELOPMENT - PROFESSIONAL LEAVE APPLICATION

(Read instructions on back of form before completing)

Please check: Staff Development Leave _____ Professional Leave _____

NAME _____ BUILDING _____ DATE _____

NAME OF MEETING _____

(For staff development leave, attach 3 copies of conference registration form and 1 copy of the program.)

LOCATION OF MEETING _____

CITY

STATE

DATE(S) _____ DAY(S) OF WEEK _____ PLEASE CIRCLE: A.M. P.M. FULL DAY

PROJECTED TOTAL COST (including transportation, meals, registration, hotel): \$ _____

(COMPLETING THE FOLLOWING PORTION IS MANDATORY)

This leave relates to the following school/department improvement goal:

A substitute will be needed: Yes _____ No _____ Substitute Request: _____

I understand that it is my responsibility to call 589-4828 and cancel my substitute if my plans change.

PLEASE CHECK THE APPROPRIATE SECTION AT RIGHT: _____ Please pay registration fee of \$ _____ in advance.
(highlight fee on registration form)

(See instructions on reverse side)

_____ If registration fee is under \$25.00, employee must register and pay in advance after form has been approved, then can request reimbursement.

_____ Staff member will register and pay for conference after form has been approved, then can request reimbursement.

Signature of Applicant Date Position

Staff Development Committee Chairperson Date Principal Date

Department Chairperson (if applicable) Date

CC _____ Budget # _____ Budget Amount \$ _____

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(FOR CENTRAL OFFICE USE ONLY)

Trip # _____
Assistant Superintendent for Instructional Services

Reimbursement Form Issued _____
Approved _____ Disapproved _____

Staff Development Committee _____ Central Administration _____
Central Administration _____ Principal _____
Applicant _____ Department Chair _____