

REQUEST FOR PROFESSIONAL LEAVE

Name: _____

Place of Meeting/Class/Training: _____ Date _____

Purpose of Request (provide a detailed summary and/or brochure of the training):

How does this training support your curriculum area (Be specific):

How is this training of benefit to the students/staff/school district:

Itemized Budget (Please attach an approved voucher for meals and a separate approved registration voucher. If the school car is needed, make arrangements with the Business Office after the request has been approved)

- **Registration:** _____
- **Lodging:** (\$43.00 in-state, \$150 out of state) _____
(make your own reservations and take a district voucher for direct billing)
- **Transportation:** _____
- **Substitute:** (\$86.12 per day) _____
- **Meals:** (only for overnight stays) _____
 - In-State:
 - Breakfast \$ 5.00
 - Lunch \$ 9.00
 - Dinner \$12.00
 - Out-of-State:
 - Breakfast \$8.00
 - Lunch \$11.00
 - Dinner \$17.00

Choose one of the following possible forums to disseminate the information from the training:

- _____ **School Board Presentations** (Contact your individual administrator to set up a date to present to the school board)
- _____ **Classroom Implementation**
- _____ **Team/Staff Meetings**
- _____ **District In-services**
- _____ **Mini-courses**
- _____ **Administrative Team Meetings**
- _____ **Written Report to Principals**
- _____ **Other** (Please specify) _____

Signature: _____ Date: _____

Approval of Administrator: _____ Date: _____

Approval of Superintendent: _____ Date: _____

Reason for Approval: _____

Reason for Disapproval: _____