

PART 1

REQUEST TO BE ABSENT FOR PROFESSIONAL DEVELOPMENT

Please complete with pen or type

Your supervisor must submit this form to Assistant Superintendent, Curriculum and Instruction
2 weeks prior to the scheduled activity.

To gain CEUs for your activity, complete a Request for CEU Equivalent form
(Only if the conference does not provide CEUs).

I request a released day in order to attend: _____ In District Professional Development/Meeting
_____ Out of District Professional Development/Meeting

DATE _____ **SUBSTITUTE NEEDED:** YES _____ NO _____ COST _____ FUNDING SOURCE _____
(Principal's Office Use Only)

EMPLOYEE NAME _____ SCHOOL _____

CONFERENCE NAME _____

CONFERENCE* LOCATION _____
WORKSHOP* _____
VISIT* DATES _____

***DESCRIPTIVE MATERIALS MUST BE ATTACHED**

Please explain how the professional development activity relates to any of the following:
your school/department improvement plan, your professional growth option, or a district goal:

MUST BE COMPLETED AND APPROVED PRIOR TO ATTENDANCE AT THE ABOVE REFERENCED PROFESSIONAL DEVELOPMENT

PRINCIPAL/SUPERVISOR'S APPROVAL APPROVED _____ DENIED _____ DATE _____

ASSISTANT SUPERINTENDENT'S APPROVAL APPROVED _____ DENIED _____ DATE _____

REQUEST FOR REIMBURSEMENT OF EXPENSES FOR PROFESSIONAL DEVELOPMENT-OUT OF DISTRICT

CONFERENCE COSTS

FUNDING SOURCE

_____ Conference Fees _____ Registration Cost Source: Conference Fees
_____ Lodging _____ Meals _____ Accommodations Source
_____ Travel/Mileage _____ Parking _____ Travel Expense Source

\$ _____ TOTAL (PART 2 AND ITEMIZED RECEIPTS MUST BE SUBMITTED TO RECEIVE REIMBURSEMENT)

ALL REIMBURSEMENT EXPENDITURES WILL BE APPROVED BY THE ASSISTANT SUPERINTENDENT

ASSISTANT SUPERINTENDENT'S APPROVAL APPROVED _____ DENIED _____

PART I Request to be absent for Professional Development

PART II Request for reimbursement for expenses

TOTAL AMOUNT APPROVED:\$ _____

TOTAL AMOUNT DENIED: \$ _____