

REQUEST FOR PROFESSIONAL DEVELOPMENT LEAVE

Rev. July 2014

(Grey paper)

| | | | |
|--|---|-------------------------------|-----------------------------|
| Name | | Date Request Submitted | |
| School/Work Location | | | |
| Position | | | |
| Title of Workshop/Conference | | | |
| Location of Workshop/Conference | <i>Name of conference center/ meeting location and City/State</i> | | |
| Date of Professional Activity | | | |
| Describe the professional development activity | | | |
| Will a stipend be paid to the participants? | <input type="checkbox"/> | Yes | <input type="checkbox"/> No |
| <i>(Participants cannot accept stipends for attendance at conferences/workshops during contracted days.)</i> | | | |
| Which staff development goal(s) does this activity address? (division, school, personal) | | | |
| | | | |
| How do you plan to share this information with other staff members? | | | |
| | | | |
| Were you requested to attend? | <input type="checkbox"/> | Yes | <input type="checkbox"/> No |
| If so, by whom? | | | |
| Will a substitute be needed? | <input type="checkbox"/> | Yes | <input type="checkbox"/> No |
| If so, how many days? | | | |

(Please complete the preliminary estimate of costs for this request on the reverse side of this form.)

PRELIMINARY ESTIMATE OF COSTS FOR PROFESSIONAL DEVELOPMENT LEAVE

| | | | |
|--|---------|----------------|----------------------|
| Note: Detailed receipts for expenses occurred are to be attached to Special Travel Reimbursement Form when submitting for reimbursement. | | ESTIMATED COST | COST APPROVED BY SBO |
| MILES to be traveled (round trip) (\$.485 per mile) | miles | | |
| MEALS (\$48 maximum per day) | # meals | | |
| LODGING | # days | | |
| OTHER EXPENSES | | | |
| Fares | | | |
| Tolls | | | |
| Gratuities | | | |
| Registration Fees | | | |
| Miscellaneous (please list) | | | |
| | | | |
| Total Estimated Cost for Substitutes | # days | | |
| TOTAL ESTIMATED COST | | | |
| TOTAL ESTIMATED FUNDING REQUESTED | | | |

SUBSTITUTES: The use of ERIP subs is encouraged. If a substitute is hired, the expense of the substitute will be deducted from the **approved** funding source below. **Unapproved substitutes will be charged to the school for reimbursement to the division.**

| FUNDING FOR PAYMENT (please check appropriate source) | | | |
|---|-------------------|---|--|
| | Fund Source | Substitute <small>(The approved Sub code <u>must</u> be included on monthly absentee report.)</small> | Approved by Central Office Fund Supervisor |
| | Training | 10-60310-9-1-1520-000-00 | |
| | Title I | 20-61100-2-1-1520-330-00 | |
| | CTE | 10-61100-2-3-1520-000-00 (MS) 10-61100-3-3-1520-000-00 (HS) | |
| | Special Education | 10-61100-2-2-1520-000-00 (E/M) 10-61100-3-2-1520-000-00 (HS) | |
| | Other: | | |
| | Approved | Disapproved | |

Signature of Principal or Immediate Supervisor

Date

| | |
|---------------------------------------|--|
| REMARKS | |
| Approved | |
| Disapproved | |
| Signature of Superintendent/Designee: | |