

Request for Professional Leave Form

(A minimum of 48-hours advance notice is required.)

Name		Joel	Eliot	Morgan
Grade(s)	Subject:			
I feel that my attendance at the and therefore, request permission.	e activity below will aid both my perform sion to attend:	ance in my as	ssignment a	nd the school system
Title of Activity				
Group(s) Sponsoring Activity				
Date(s) of Session	Locati	ion (town):		
Reason I believe this activity v	will be a benefit to the school system and	to me:		
G	hared in the following way(s):			
Faculty meeting	Team meeting	Handouts to staff		
In-service program	Department meeting	Special	areas/Spec	ial Services
Other:				
In order for me to attend:				
No substitute is needed	Substitute Needed – Date(s):			
No expenses involved	Total Expenses Requested:	Total Expenses Requested: \$		
	*	Please itemiz	e expenses o	on page 2 of this form
Employee Signature		Da	nte	
	**************************************			******
Source of Funding:	School/Cost Center Budget Dis	strict-wide Bu	ıdget	N/A
Grant (specify):				
Other (specify):				
Administrator Signature			Date	
Assistant Superintendent's A	Action:			
Approved Denied:	Reason:			
Assistant Superintendent's Signature			Date	

Expense Description (each expense must appear on a separate line)		Amount		Payment Method – Check One		
Mileage	miles x \$.	/mile =	\$		By Individual	By Purchase Order
1.		<u>'</u>	\$		By Individual	By Purchase Order
2.			\$		By Individual	By Purchase Order
3.			\$		By Individual	By Purchase Order
4.			\$		By Individual	By Purchase Order
5.			\$		By Individual	By Purchase Order
6.			\$		By Individual	By Purchase Order
7.			\$		By Individual	By Purchase Order
TOTAL			\$			

Please answer the following questions upon completion of the conference/workshop and forward a copy to your building administrator.

1. Reflection:
2. Application: How will you use the learned information in your classroom?
3. Whom would you recommend attend this workshop/conference in the future?