|  |
| --- |
| **Professional Leave Request Form****Please Type & Submit to Director of Curriculum & Assessment** |
| **Name:** | **Building:** |
| **Conference/Workshop Title:** |
| **Date(s) of Conference:**Click here to enter a date. | **Location of Conference/Workshop:** |
| **Duration of Conference****Half Day****Full Day****Other** Click here to enter text. |
| **Goal and Objectives:** * Please list the specific District Action Plan, Building Action Plan, and/or Personal Professional Development Goal(s) addressed at this workshop.
 | * How will you disseminate the information or knowledge gained from the conference/workshop?

 Faculty Meetings School wide Meetings Department Meetings District designated staff development day  Other (please specify)Click here to enter text. |
| **How will this conference/workshop enhance teacher performance with the purpose meet our district mission?****Building Principal’s Approval:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Conference Expenses:****Conference Registration:** Click here to enter text. **Budget Code** Click here to enter text.**Travel Expenses:** Click here to enter text. **Budget Code:** Click here to enter text.**Lodging Expenses:** Click here to enter text. **Budget Code:** Click here to enter text.**Food Expenses:** Click here to enter text. **Budget Code:** Click here to enter text.**Substitute Expenses:** Click here to enter text. **Budget Code** Click here to enter text. **(if not approved at district level):** |
|  **APPROVED Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **APPROVED as follows:****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **NOT APPROVED****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Director of Curriculum & Assessment**  |

\*Please attach a copy of the conference registration form and/or materials for review