

## **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 th and therefore, request permis.	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	will be a benefit to the school system and	to me:		
C	shared 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:	\$		
	*	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	Action:			
Approved Denied	: Reason:			
Assistant Superintendent's Signature			Date	

Expense Desc (each expense	ription must appear on a se	parate 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?