

REQUEST FOR PROFESSIONAL LEAVE

Name: _____ Emp. # _____

Work Site: _____ Date: _____

Reason for Professional Leave: _____

Name of Inservice/Conference: _____

Date of Inservice/Conference: _____

Sponsored by: _____

Is Substitute Coverage provided by Inservice Sponsor: _____ Yes _____ No

If yes, please provided funding. Program _____ Location _____

PROFESSIONAL DEVELOPMENT PLAN (PDP) ACTIVITIES

In this inservice/conference required for PDP implementation? _____ Yes _____ No

* Include copy of completed PDP with this request.

(INSERVICE /CONFERENCE INFORMATION MUST BE ATTACHED FOR APPROVAL)

Previous Inservice(s) attended this year:

Name(s): _____

Date(s): _____

Date: _____ Approved _____ Denied _____

Reason Denied: _____

Principal's or Designee's Signature: _____