


**MEMORANDUM**

Aug 24, 2009  
MT 020.09  
MT.305 636-6147

**TO:** All Faculty and Staff  
Educational Alternative Outreach Program

**FROM:** Miguel Torres, Principal   
Educational Alternative Outreach Program

**SUBJECT: REQUEST FOR PROFESSIONAL LEAVE TO ATTEND  
IN-SERVICES / CONFERENCES**

A Request for Professional Leave form must be completed and submitted to the Educational Alternative Outreach Office before approval will be given to attend in-services or conferences.

No one may attend an in-service or conference during work hours without written approval.

Information regarding the in-service/conference must be attached to the request. This request must be received in the office at least one week before the requested leave date.

If you have questions contact the EAOP office at 305-636-6147.

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MT/mg

Attachment

**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): \_\_\_\_\_

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Date: \_\_\_\_\_ Approved \_\_\_\_\_ Denied \_\_\_\_\_

Reason Denied: \_\_\_\_\_

Principal's or Designee's Signature: \_\_\_\_\_