



REQUEST FOR PROFESSIONAL LEAVE

MUST BE COMPLETED AND APPROVED BY SUPERINTENDENT 30 DAYS PRIOR TO TRAINING DATE

NAME:		EVENT DATE:	
SCHOOL/ DEPARTMENT:		EVENT TITLE:	

- **Attach a copy of the program agenda and original registration form**
- **FUNDING SOURCE: Indicate Below (Federal Program Coordinator initials required.)**

GENERAL FUND

<input type="checkbox"/> Professional Development	100-1210-2210
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FEDERAL PROGRAMS

PROGRAM COORDINATOR APPROVAL/DATE

<input type="checkbox"/> Title 1	402-1750-2210	
<input type="checkbox"/> Title 1-School Improvement	402-1770-2210	
<input type="checkbox"/> Special Ed	404-2824-2210	
<input type="checkbox"/> Title II, A	414-1784-2210	
<input type="checkbox"/> GEARS	489-1866-2210	
<input type="checkbox"/> School Improvement Grant (SIG)	402-4217-2210	
<input type="checkbox"/> OTHER		
<input type="checkbox"/> OTHER		

ESTIMATED COST:

Registration:	
Lodging & Mileage:	
Meals:	
Other:	
Total:	

Employee Signature:

Date Submitted:

Principal/Supervisor Signature:

Date Approved:

Superintendent's Signature:

Date Approved: