

BULLOCK COUNTY BOARD OF EDUCATION

REQUEST FOR APPROVAL OF PROFESSIONAL DEVELOPMENT ACTIVITY

REQUEST FOR LEAVE

SCHOOL _____

DATE _____

NAME _____

VISIT TO _____

DATE(S) OF VISIT _____

OBJECTIVES(S) _____

TEACHER SIGNATURE _____

APPROVED _____ DATE _____

(Principal)

_____ DATE _____

(Director – if federal funding used)

_____ DATE _____

(Superintendent – if school time and/or funds are used)

_____ DATE _____

(Prof'l. Dev't. Committee)

TOTAL ESTIMATED COST: \$ _____

VERIFICATION

THIS IS TO CERTIFY THAT THE ABOVE-NAMED INDIVIDUAL DID ATTEND THE WORKSHOP OR OTHER ACTIVITY AS DESCRIBED AND IS ENTITLED TO _____ CLOCK HOURS OF CREDIT.

_____ DATE _____

(Certifying Official – Name and Title)

BULLOCK COUNTY PROFESSIONAL DEVELOPMENT/LEAVE FORM – REVISED MAY, 1990

Sept., 1994