**Name:** Click here to enter text.

***Complete the form, print, sign and obtain all administrative approval. No registration is permitted until all signatures have been affixed to this request. Submit electronically to the Professional Development Department Office prior to training date: 2-weeks for internal training, 3-weeks for local training and 4-weeks for out of area (travel) events.***

**Email:** Click here to enter text.

**Position:** Click here to enter text.

**Building:** Click here to enter text.

|  |  |
| --- | --- |
| **INDICATE AREAS THAT APPLY TO YOUR REQUST BY CHECKING OFF AND FILLING IN APPROPRIATE AREAS** | |
| **Reason For Leave** | |
| Internal District Professional Development External Professional Development  Professional Day Leave (Field Trip etc.) Other District Business  **Name of Activity:** Click here to enter text.  **Organization:** District  Other: Click here to enter text.  **Location:** Click here to enter text.  **Date(s) of Activity:** Click here to enter text.  **Time of Activity (Start/Until):** Click here to enter text. | |
| **Funding Source for Activity**  ***Registration fees, lodging, travel cost etc.*** | **Estimated Expenses**  ***Final approval of professional leave, registration, hotel, and travel are made only from the Professional Development.*** |
| **Title I** (Federal)  **Title II** A (Federal)  **Safe Schools/Drug Free Grant Title IV (Federal)**  **Special Grant**  **Department Account**  **Department Name:** Click here to enter text.  **Field Trip Activity Fund**  **N/A, no fees associated with this activity** | **Registration Cost: $** Click here to enter text.  **Hotel Reservation Cost: $** Click here to enter text.  **Total Estimated Expenses: $** Click here to enter text.  **Will be processed by:** Click here to enter text.  **Will Use P.O  Will Use Procurement Card**  **Proposed Account #:** Click here to enter text. |

\*Attach all supporting documents to this form.

**List any additional expenses that have been approved in this area provided area.**

**Additional Expenses:** Click here to enter text.

**S I G N AT U R E S**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Applicant:** Click here to enter text.

**Principal/ Director:** Click here to enter text.

**C.O Administrator:** Click here to enter text.

**PD Coordinator: Ms. Barbra Sharp**

**Superintendent: Dr. Scott Spurgeon (OOA)**

**Note: Superintendent’s signature is required for out of area travel only.**

**Please return this form as a PDF copy to the Professional Development Department Office signed and with official signatures secured.**

REV | June 2021