



Submit form prior to travel  
for proper approval

In state \_\_\_\_\_ Out-of-State \_\_\_\_\_  
Professional Leave Form

Name(s): \_\_\_\_\_

Work / School Location: \_\_\_\_\_ Grade/Subject: \_\_\_\_\_

Destination: \_\_\_\_\_ Travel Dates From: \_\_\_\_\_ To: \_\_\_\_\_

Conference / Meeting Name: \_\_\_\_\_

Educational Purpose & Desired Outcome of Trip: (Include alignment with school improvement & plans to share with others)

\*\*\*\*\*Funding Source: (Name of Fund and/or Account Number)

\*\*\*\*\***(Note: YOU HAVE NOT BEEN APPROVED FOR ANY FUNDING UNTIL THIS FORM HAS BEEN AUTHORIZED BY THE OFFICIAL AFFILIATED WITH FUNDING, THE PROFESSIONAL DEVELOPMENT DIRECTOR AND THE SUPERINTENDENT OF EDUCATION)**

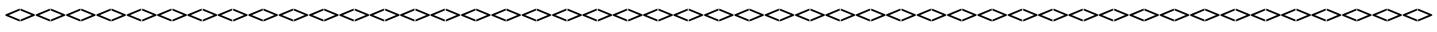
Registration Fee \$ \_\_\_\_\_ Total Mileage Round Trip # \_\_\_\_\_ Daily Room Rate \$ \_\_\_\_\_

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

Traveler or Representative for group

**FOR PRINCIPAL'S USE ONLY:**  
Will you need Kelly Services to fill this absence? \_\_\_\_\_ YES \_\_\_\_\_ NO  
If so, how many substitutes will be required? # \_\_\_\_\_  
**Principal's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Principal's signature denotes assurance conference/meeting supports school's improvement plan**



**Professional Development Office Use Only**

Approved \_\_\_\_\_ YES \_\_\_\_\_ NO Reason denied: \_\_\_\_\_

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

Director

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

Superintendent of Education