

Professional Learning Online Course Approval Form

Employee Name _____

School _____

Name of Course _____

Name of Organization Offering Course _____

Date Course _____ Expected Completion Date _____

When will this course be taken? During the school year _____ Summer _____
Online courses are considered evening courses.

WORKSHOP OBJECTIVES AND SCHOOL IMPROVEMENT PLAN ACTION ITEM NUMBER:

NUMBER OF PARTICIPATION HOURS: _____
This request will be denied if hours are left blank.

Cost of Course _____

I would like to be reimbursed for this course: Yes _____ No _____

SCHOOL APPROVAL:

DATE SIGNED

PRINCIPAL/SUPERVISOR AUTHORIZATION

CENTRAL OFFICE APPROVAL:

DATE SIGNED/APPROVED

PROFESSIONAL LEARNING COORDINATOR/CENTRAL OFFICE

TYPE OF FUNDS AND FUND NUMBER:

PLU _____ **OTHER** _____