

Fannin County Schools

Prior Approval Request Form

Professional Learning Leave

Participant Directions: 1) Complete all information below. **This form should be completed by the participant for approval at least 2 weeks prior to the activity.** 2) Submit this form and the completed activity registration form to your supervisor. 3) The principal will submit the form to the professional learning director. Note: Travel expenses may not be reimbursed without prior authorization. This form is ONLY for professional learning leave.

NAME _____ Activity Title: _____

Activity Location: _____ Registration Deadline: _____

Requested Leave Date(s): _____

Departure Date: _____ Return Date: _____

Departure Time: _____ AM/PM Return Time: _____ AM/PM

PLU Credit: Yes No Number of contact hours _____

Check Related System Goals:

- Attain high level of student achievement
- Develop organizational effectiveness
- Develop stakeholder support and satisfaction

Workshop objectives and school improvement plan action item number: _____

WHO WILL BE COVERING THE COST OF CONFERENCE/TRAINING/WORKSHOP/ETC

(CHECK ONE)

PAID BY EMPLOYEE (TO BE REIMBURSED) _____

PAID BY SCHOOL (TO BE REIMBURSED) _____

PAID BY CENTRAL OFFICE (PLEASE ATTACH REGISTRATION INFORMATION) _____

YOU ARE RESPONSIBLE FOR REGISTRATION

Registration Fee: Yes No Amount to be Paid: \$ _____ Did you register for this workshop? _____

Overnight travel expenses? Yes No Name and telephone number of motel (IF STAYING OVERNIGHT): _____

Cost per night for motel room (Required): _____

TYPE OF FUNDS AND FUND NUMBER: PL _____ VENDOR WILL BILL BOE _____

SPED _____ SCHOOL PL _____ CTAE _____ OTHER _____

SUBSTITUTE NEEDED: Yes No Days needed: _____

SUBSTITUTE WILL BE PAID OUT OF: PL _____ SPED _____ SCHOOL PL _____

CTAE _____ VENDOR WILL BILL BOE _____ OTHER _____

Required Signatures:

Supervisor/Principal Approval

Date

Professional Learning Coordinator/Central Office

Date