Date of Request:

Franklin County Schools

Employee Travel and Professional Learning Program Prior Approval Form

THIS APPLICATION MUST BE COMPLETED 10 DAYS PRIOR TO ACTIVITY

NAME	Employee ID #
Grade/Subject	School
Prof. Dev. ActivityName of Conference/Workshop	Date(s)
Location	
Purpose of Activity	
Educational Value to System	
Substitute Teacher Required: Yes No	
Estimated Cost of Trip:	
Registration \$ Lodging (# of night	hts) \$
Meals (required overnight stay) \$ Mi	ileage () (53.5¢ per mile) \$
Substitute # of days $x *(\$70.00 \text{ or } \$100) = \$$	\$
*(Non-certified sub or Certified sub; see your sick leave adm	ninistrative assistant in your building)
Total Estimated Cost Of Trip/Activity	······\$
PRINCIPAL: PLEASE CHECK FUNDING SOURCE TO State Prof. Learning Title I Title II – Teacher Quality Title III - LEP .	RESERVE THESE FUNDS IDEA (SpEd) CTAE Drug Free Schools Other
The employee listed above has my permission to attend this educat	ional activity. I certify that the activity meets:
School Improvement GoalsProfessional Growth P	rlanSystem GoalsCertification
Signature of Principal/Supervisor	Date
upon returning from the conference/workshop. Please complete the	rtment. You are expected to present information to faculty/department members a Travel Form and return it to Professional Development Office upon completion the professional development activity request form must be completed and turned ted to insure payment.
Professional L	earning Use Only
Approved	Not Approved
All documentation must be presented before credit is issued.	
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