



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