

Lauderdale County School District

Pre-Authorization Professional Leave Form

THIS FORM MUST BE COMPLETED FOR ALL TRAVEL PRIOR TO ARRANGEMENTS BEING COMPLETED

TRAVELER(S)

REQUESTED DESTINATION

CONFERENCE NAME

DATES OF TRAVEL

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SCHOOL

GRADE/SUBJECT

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EDUCATIONAL PURPOSE & DESIRED OUTCOME OF TRIP *(Include alignment with school improvement & plans to share with others)*

****FUNDING SOURCE(S) Name of Fund and/or Account Number

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(NOTE: YOU HAVE NOT BEEN APPROVED FOR ANY FUNDING ASSISTANCE UNTIL THIS FORM HAS BEEN AUTHORIZED BY THE OFFICIAL AFFILIATED WITH FUNDING AND RETURNED TO YOU WITH THE PROPER SIGNATURES.)

Registration Fee

Total Mileage Round Trip

Room Rate per day

\$	#	\$
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Principal's Signature _____ Date _____

(Principal's signature denotes assurance workshop/conference supports school's improvement plan.)

Professional Development Office Use Only

Approved YES No Reason Denied: _____

Payment approved with the following limitations (if any):

Signature _____ Date: _____

Director

Signature _____ Date: _____

Randy Hodges, Superintendent