

Professional Development Request/Requisition

*This form must be completed and approved before leave is requested.
After approval enter request for professional leave online.*

Employee Name: _____ Date: _____

Date(s) of Professional Leave _____

Substitute Needed: YES _____ NO _____

Workshop information (attach documentation)

Activity or Workshop Title _____

Sponsored by _____

Address _____

Purpose of attending _____

Registration Fees _____

Registration online available ___Yes ___No *If online registration is available a PO # will be emailed to you to use when registering. If it is not available include the workshop registration form with this request.*

Comments Regarding Registration _____

Hotel Information (attach documentation)

Hotel Name _____ Phone # _____

Hotel Address _____

Arrival Date _____ Departure Date _____ Room Cost _____

Other Expenses

Meals \$ _____ Other expenses _____

Vehicle – *Please go online through the Help Desk to reserve a school vehicle.*

TOTAL COST TO ATTEND THE WORKSHOP \$ _____

Principal/Supervisor Approval: _____ Yes _____ No

Principal/Supervisor _____ Date _____

Central Office Approval: _____ Yes _____ No

Superintendent _____ Date _____