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| **Professional Leave Request Form**  **Please Type & Submit to Director of Curriculum & Assessment** | |
| **Name:** | **Building:** |
| **Conference/Workshop Title:** | |
| **Date(s) of Conference:**Click here to enter a date. | **Location of Conference/Workshop:** |
| **Duration of Conference**  **Half Day**  **Full Day**  **Other** Click here to enter text. |
| **Goal and Objectives:**   * Please list the specific District Action Plan, Building Action Plan, and/or Personal Professional Development Goal(s) addressed at this workshop. | * How will you disseminate the information or knowledge gained from the conference/workshop?   Faculty Meetings  School wide Meetings  Department Meetings  District designated staff development day  Other (please specify)Click here to enter text. |
| **How will this conference/workshop enhance teacher performance with the purpose meet our district mission?**  **Building Principal’s Approval:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | |
| **Conference Expenses:**  **Conference Registration:** Click here to enter text. **Budget Code** Click here to enter text.  **Travel Expenses:** Click here to enter text. **Budget Code:** Click here to enter text.  **Lodging Expenses:** Click here to enter text. **Budget Code:** Click here to enter text.  **Food Expenses:** Click here to enter text. **Budget Code:** Click here to enter text.  **Substitute Expenses:** Click here to enter text. **Budget Code** Click here to enter text.  **(if not approved at district level):** | |
| **APPROVED Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **APPROVED as follows:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **NOT APPROVED**    **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Director of Curriculum & Assessment** | |

\*Please attach a copy of the conference registration form and/or materials for review