

PROFESSIONAL LEAVE REQUEST

Name: _____ Position: _____ Building: _____

Absence Date (s): _____ Dates of Activity: _____

Name of Activity: _____ Location: _____

Expense	Estimated Cost	PDC Approved Amount
Conference Fee/Registration		
Mileage (.36 per mile)		
Printing		
Substitute (\$75)		

Activity Supported by CSIP Goal(s): _____

Describe Expected outcome: _____

Describe how you plan to share information/expertise gained with colleagues: _____

Actual Expenditures (Receipts must be attached)

PDC: APPROVED _____ YES _____ NO

Funding Source: _____ Building PD _____ District PD _____ Title I _____ Title II _____ Other

 BUILDING ADMINISTRATOR

 ASSISTANT SUPERINTENDENT

