



## Prior Approval Request Form for Professional Learning Leave

Name of Applicant:

Last 4 digits of SS #:

Site (where do you work):

PL Activity Location:

PL Activity Title:

PL Activity Date(s):

## Check related System Goal:

☐ Student Achievement☐ Student and Stakeholder Involvement☐ Organizational Growth and Improvement☐ Internal ProcessesPosition within district: ☐ Administrator ☐ Paraprofessional ☐ Academic Coach ☐ Counselor☐ Central Office Director or Chief ☐ Technology ☐ Other \_\_\_\_\_☐ Teacher Grade Level: \_\_\_\_\_ Content Area: \_\_\_\_\_**Estimated Expenses**

Travel and lodging reservations are the responsibility of the participant. Use tax-exempt forms at hotel check-in. Hotel taxes are not paid by the school system. To assure no taxes are charged, submit for a school system check for hotel payment at least two weeks prior to travel,

Hotel costs over \$175.00 per night require Superintendent approval.

Substitute teacher needed for ( ) days x \$100	
Registration Fee:	
Food expenses:	
Round trip mileage: # of miles ( ) x .655 = \$	
Lodging:	
Other (specify, for example: parking):	
Estimated Total Expenses	

**Required for approval: Attach supporting documentation: flyer, invitation, or email.**

**What I hope to learn from this PL activity:**

**How I plan to share what I learn from this PL activity with other educators:**

Signature of Participant:

Date:

Signature of Supervisor:

Date:

**For School Office Use Only:** Select one Funding Source for Substitute, Registration, and Travel:

☐ Staff Development☐ Title I-A☐ Title II-A☐ Title IV-A☐ Pre-K☐ Special Education☐ CTAE☐ SIG 1003(a)☐ Fund 150☐ Other: \_\_\_\_\_

Signature of applicable Director:

Date:

Signature of Federal Programs Director:  
(Only required if federal funds are used.)

Date: