

Print Name:					Date:		
			-		al days must be submitted at least thirty [30] days pric of Education approval.	pr to	
A.	Professi	ofessional Day Information					
a. I wish to be absent on: [M/D/Y] for a Full Day					[M/D/Y] for aFull DayHalf Day	AM / PM [circle one]	
		To attend:				[Name of Event]	
		Location:					
	ATTACH WORKSHOP DESCRIPTION AND COMPLETED REGISTRATION TO THIS REQUEST						
	b.	I will or	will not	need a	a substitute.		
	c.	Briefly describe the relevance to your current area of professional responsibility and how it will help you improve student achievement and/or meet the requirements of your assignment.					
	d.	Explain how this PD experience will help you to meet district goals and the goals in your PDP.					
	e. f.	Team meeting Faculty Meeting Other					
в.	Estimat						
			Tranco	ortatio	<u>Registration Fee</u>		
			<u>iransp</u>	Ultatic	Car [total miles]:		
					Parking [estimate]:		
					Train Ticket [cost]:		
					Other [explain]:		
					Total Estimated Cost:		
C. Authorization Signature of Staff Mem				f Mem	ber: Da	ate:	
		After sig	ning, ple	ease fo	rward to your appropriate supervisor, Regular or Speci	al Ed.	
R	ogular Ed	/ Special Ed Approval	Yes	No			
			103	NO	Supervisor of Curriculum or Supervisor of Special Services	Date	
Building Principal Approval Yes No			Yes	No	Principal	Date	
Superintendent Approval Yes No				No	Superintendent		
					Superintendent	Date	
		Date of Board of	Ed Appr	oval:			

Staff member must request substitute on AESOP after receiving pink approval copy from Superintendent's office.

PD FOLLOW-UP FORM MUST BE SUBMITTED WITHIN THREE DAYS AFTER THE WORKSHOP/CONFERENCE.