## **Professional Development Leave Form**

Login to <u>https://etcentral.cook.k12.ga.us</u> and click on the Google G to sign in with your credentials.

The Professional Development Leave Form is found in your Forms under Professional Learning.

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	AP Approval
	Check Request

This form MUST be completed at <u>prior to</u> <u>attending a professional learning opportunity</u> <u>off of Cook County Schools campuses</u>. The form will auto populate your name. You must complete the **Employee Information Trip Information Estimated Travel Expenses Requested** 

The name of the conference <u>must</u> by listed in **Purpose of Request...** 

If you are participating in PL at Coastal Plains RESA you will <u>not</u> have any travel expenses so you will leave this area blank.

Once the above areas are completely filled out you will submit the form to your principal using the **Submit To** button on the bottom of the screen.

Once your request has been reviewed by your principal/director you will receive an email notifying you.

<ol> <li>This form MUST be submitted to your Principal at least fourteen days in advance. Failure to do so in prevent approval.</li> <li>After leave is approved by the principal, then this form MUST be forwarded to the appropriate Progr. Coordinator for approval.</li> <li>A copy of this form, and receipts for expenses, MUST accompany your travel reimbursement ExperForm. If not attached, this may delay your reimbursement check.</li> </ol> Employee Information           Name         Employee ID         School         Position           Laural Heard	COUNTY SCH	Reques	t for Professio	nal Leave & Exper	se Repor
Employee Information         Name       Employee ID       School       Position         Laural Heard	<ol> <li>This form MUST be prevent approval.</li> <li>After leave is appro Coordinator for app</li> <li>A copy of this form Form. If not attache</li> </ol>	submitted to your i wed by the principa proval. , and receipts for ex	Principal at least fourte I, then this form MUST penses, MUST accom pur reimbursement cho	een days in advance. Failure be forwarded to the approp pany your travel reimburser eck.	e to do so may priate Progran nent Expense
Name       Employee ID       School       Position         Laural Heard	Employee Informatio	n			
Laural Heard	Name	Employee ID	School	Position	
Purpose of Request and how it will support school/system mission and your professional goals.          Trip Information         Destination of Trip         Leave Date       Leave Time         Return Date       Return Time         -:       Image: Comparison of Actual Full Work Days Away         (OR) number of hours       Image: Comparison of	Laural Heard				
Leave Date     Leave Time     Return Date     Return Time       Image: Image	Trip Information Destination of Trip				
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Number of Actual Full Work Days Away (OR) number of hours		-:	0		0
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After you have completed the PL opportunity you will log back in to etrieve to complete the form. The form will be in your inbox.

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You will need to scroll to the bottom and complete the Expenses portion of the form.

	Expenses		
	Expenses		
	Select	~	
ų	Select I have completed my trip and have expenses to submit for reimbursement.		
	I have completed my trip and do not have expenses to submit. I was unable to attend and have no expenses to submit.		
	I was unable to attend but do have expenses to submit.		Print

If you attended professional learning at CPRESA you will select, "I have completed my trip and do not have expenses to submit."

If you traveled out of Cook County for professional learning you will select, "I have completed my trip and have expenses to submit for reimbursement." This option will open up an expense report for you to complete.

**Travel:** Enter all information including total miles traveled. Total mileage will calculate based on that information.

**Other Expenses:** Receipts must be submitted in the Attachments area at the bottom for anything listed in this section.

**Meals:** Multiple days can be added by clicking on the Add Date button. Reimbursement amounts can be found on the Professional Learning page of the district website.

By clicking Approve once you have completed this form you are certifying that the charges were made in performance of your duties for Cook County Schools.

Departing Trip							
From	То		D	eparture Date		Depa	ture Time
				mm/dd/yyyy	۵	:	G
Return Trip							
From	То		R	eturn Date		Retur	n Time
				mm/dd/yyyy		:	0
Total number of mi	les					Total	Mileage
	@ .56	per mile				s	0.00
Actual Registration	n finiahts)					S S	0.00
Other Expenses - F	Parking, etc. (ite	mize below)				s	0.00
MEALS		Drookfoot	Lunch	Dinner		Total	
Date		\$ 0.00	\$ 0.00		00	s	0.00
				Meals To	tal	s	0.00
Add Date							
Add Date						Expe	nses Tota

\*You can click History to check the status of the reimbursement.