

# Conecuh County Schools (Revised 9/25/15)

**Request for Professional Development:** \_\_\_\_\_ **Request for Professional Leave:** \_\_\_\_\_ **Both:** \_\_\_\_\_

This form is to be completed in full by anyone requesting professional development/professional leave. All personnel must receive written notification that their request has been approved prior to incurring any expenses. Failure to do so may result in that person being accountable for all expenses.

Name: \_\_\_\_\_

School Assigned: \_\_\_\_\_

Professional Leave Date(s): \_\_\_\_\_

Substitute Required: Yes \_\_\_ No \_\_\_ If yes, number of days: \_\_\_\_\_

To be paid from: Title I: \_\_\_ Title II: \_\_\_ OSR: \_\_\_ IDEA: \_\_\_  
ARI: \_\_\_ Career Tech: \_\_\_ Local School: \_\_\_

Other (specify): \_\_\_\_\_

Registration Fee (amount): \_\_\_\_\_ Travel: System Vehicle \_\_\_ Personal Vehicle \_\_\_ Carpooling \_\_\_\_\_

If you check Personal Vehicle: Estimated Mileage Cost (.54 per mile): \_\_\_\_\_

Overnight Stay Necessary: Yes \_\_\_ No \_\_\_ If so, how many nights \_\_\_\_\_ Lodging Cost: \_\_\_\_\_

Anticipated Total Amount of Per Diem for Meals: \_\_\_\_\_

Guidelines: Duration of Trip from 4 to 12 hours - maximum \$15.00 – receipt required

Duration of Trip that exceeds 12 hours (no overnight) - \$35.00 – no receipt required

Trip of overnight for full or portion of day - \$35.00 – no receipt required

Other Anticipated Expenses (describe & include cost): \_\_\_\_\_

**Name/Title of Professional Development:** \_\_\_\_\_

**Required Brief Narrative:** Description of Activity /Professional Development Goal Addressed, How Does It Benefit System/School, and How Are You Going to Turn It Around (Use back of paper if necessary and attach any available material that may describe the activity):

\_\_\_ Approved \_\_\_ Not Approved: \_\_\_\_\_ / \_\_\_\_\_  
Principal Date

\_\_\_ Approved \_\_\_ Not Approved: \_\_\_\_\_ / \_\_\_\_\_  
Coordinator / Director Date

\_\_\_ Approved \_\_\_ Not Approved: \_\_\_\_\_ / \_\_\_\_\_  
Superintendent Date

Anticipated Cost  
(PD Coordinator)

Cost: \_\_\_\_\_

Initials: \_\_\_\_\_