

UNION COUNTY / COLLEGE CORNER JOINT SCHOOL DISTRICT
LEAVE REQUEST FOR PROFESSIONAL DEVELOPMENT

- Leave request for Professional Development must be submitted 10 school days prior to the event (exceptions may be made with prior administrative approval).

INSTRUCTIONS TO APPLICANT	ROUTING INSTRUCTIONS
1. Complete all information 2. Submit request form to Principal 3. Principal review for errors. If approved, esign and email to Central Office. If rejected, esign and send back to employee.	1. All copies emailed to linda.hufferd@uc.k12.in.us in Central Office 2. After Approval/Disapproval email a copy to Principal/Supervisor and Employee and retain a copy in central office
Once approved, you may register for the event (DO NOT REGISTER prior to approval).	

EMPLOYEE INFORMATION

Last Name		First Name	
Building			
Assignment (grade level, subject, etc.)			
Employee Signature			
Date form submitted			

If you are attending with a group, please complete the following:

Group Name:	
Other Attendees (First and Last Names):	

MEETING INFORMATION

Title of Meeting	
Flyer Attached	<input type="checkbox"/> Yes <input type="checkbox"/> No
Website information about meeting	Link:
Are you on program/presenting?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date(s) of Meeting:	
Location of Meeting:	

SUBSTITUTE REQUIREMENTS

Will you be needing a substitute	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please list the date(s)	
If ½ day, please state the specific time:	

ANTICIPATED EXPENSES

Substitute Cost Total (\$70 per day; \$35 for 1/2 day)	
Registration Fee(s)	
Mileage (# of miles x .485)	

Lodging	
TOTAL	

FUNDING SOURCE

If funding is split, please list specifically the amount covered by each source

SOURCE	AMOUNT
Grant _____	
Education Fund	
Operations Fund	
Club/Organization _____	
Other _____	

PROFESSIONAL MEETING GOALS AND OUTCOMES

REASON FOR ATTENDING (select one only)

<input type="checkbox"/> On committee requiring attendance <input type="checkbox"/> On program as a presenter <input type="checkbox"/> My assignment requires attendance <input type="checkbox"/> I have been requested to attend by an administrator/supervisor <input type="checkbox"/> To improve my craft <input type="checkbox"/> Other_ _____
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WHAT DO YOU HOPE TO LEARN/OBTAIN FROM ATTENDANCE?

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HOW DOES THIS MEET THE LEARNING GOALS OF MY BUILDING?

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HOW WILL YOU SHARE WHAT YOU HAVE LEARNED WITH OTHER STAFF?

<input type="checkbox"/> Staff meeting (date listed here) _____ <input type="checkbox"/> Team meetings (doesn't necessarily need to be entire building – may be a grade level) <input type="checkbox"/> Video and share <input type="checkbox"/> Class demonstrations for others to come and watch <input type="checkbox"/> Other _____

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WHAT IS YOUR ANTICIPATED TIMELINE FOR IMPLEMENTATION WITHIN YOUR OWN INSTRUCTION AS WELL AS THE MODELING OR PRESENTING TO OTHERS?

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SUPERVISOR / ADMINISTATOR APPROVAL

As supervisor/administrator approving this request, you are responsible for verifying attendance and implementation/demonstration follow-through

Supervisor Name	
Supervisor esignature / Date	
How will you confirm attendance?	
Date you will verify implementation:	

CENTRAL OFFICE APPROVAL

Treasurer esignature / Date	
Superintendent esignature / Date	

IF APPLICABLE, REASON FOR DISAPPROVAL:

NAME:	
DATE:	
REASON:	