

Building Location

Circle: Woodlands
McCormick
HHS



Prof. Leave Approved

Prof. Leave Denied

initial

HURON CITY SCHOOLS

Request for Professional Leave

Reimbursement of Expenses for Professional Leave

1/03

*** Consistent with the contract, requests to attend professional meetings shall be made at least two (2) weeks prior to attending the meeting***

Purpose: To provide professional development as a foundation for continuous improvement.

Employee Name: _____

Activity: _____

Dates Attending: _____ **Location:** _____

Time of Day: (please check one): ___ AM ___ PM ___ ALL DAY

Substitute Needed?: ___ YES ___ NO ___ Internal Coverage

Substitute Name _____ *Internal Teacher Name* _____

Expected Outcomes:

Please state two outcomes that you expect to achieve which are in alignment with our District's Continuous Improvement Plan.

1. _____

2. _____

How will you share this information with your colleagues?

- Distribute Packet received from workshop/training
- Present to staff at staff meeting, training or given time
- Both (Present and Distribute packet)

Expenses

	Estimated	Actual
Mileage @ \$.36 ___ miles(estimated) ___ miles (actual)	\$ _____	\$ _____
Registration (check one of the following:)	\$ _____	\$ _____
<input type="checkbox"/> Will be paid by individual and reimbursed by Board OR		
<input type="checkbox"/> Request Board to mail registration, the purchase requisition is attached and signed by bdg. principal		
Meals (Lodging and meals cannot exceed \$100.00 a day)	\$ _____	\$ _____
Lodging ___ nights	\$ _____	\$ _____
Parking / Tolls	\$ _____	\$ _____
Total cost _____ →	\$ _____	\$ _____

Prior to attending the workshop:

1. Permission to use professional leave is granted on this form. Approval of estimated expenses must be obtained before the seminar, clinic, etc. is attended. Costs must be estimated on this form for preparation of a purchase order.
2. Staff members are expected to individually arrange registration, reservations, etc. unless prior arrangements have been made.

After attending the workshop:

1. Forward all original receipts and actual expenses to the Treasurer's Office along with the goldenrod request form.
2. Complete the Evaluation and Reflection survey. It will provide feedback and necessary data for the Continuous Improvement Plan's implementation (you may wish to keep a copy of both forms as documentation for your IPDP) This survey should be attached to the packet you provide to your colleagues.

Signatures: Employee _____ Date _____ Principal _____ Date _____
Superintendent _____ Date _____ Funding Source _____

Reimbursement Submission (Sign this AFTER you attend the conference) :

Employee _____ Date _____ Principal _____ Date _____

White=Central Green=Payroll Yellow=Treasurer Pink=Caller Goldenrod=Employee after approved