



Providing Highly-Valued Service Through Leadership, Innovation, and Collaboration

REQUEST FOR PROFESSIONAL LEARNING APPROVAL

To attend a professional learning activity that includes a registration fee, release time from your regular job responsibilities, or an overnight stay, please complete the front side of this form and submit it to your supervisor for approval. If overnight travel is included, your supervisor will forward the request to the superintendent for approval. Your supervisor will return this form to you to complete the back side and request reimbursement for your expenses. Please note that you MUST have receipts for all expenses, clearly showing that you paid for an item. For meals, receipts should be detailed enough to show that no alcohol is being reimbursed (not just the credit card charge slip).

SECTION I

Name: _____ Position: _____
Name of PL Activity: _____ (attach registration form)
Date(s) Requested: _____ Location: _____
Describe how this PL relates to your professional growth: _____

SECTION II (Receipts are required for reimbursement)

Table with 3 columns: Expense Category, Estimated Expense, Check if Must be Prepaid. Rows include Registration, Estimated Auto Mileage, Transportation, Lodging, Meals, Other, and Total Reimbursement.

Employee Signature: _____ Date: _____

SECTION III

Amount Approved: \$ _____ Days Approved: _____

Supervisor Signature: _____ Date: _____

Superintendent Signature*: _____ Date: _____

*Superintendent Signature (Approval) REQUIRED for all overnight travel PRIOR TO attending