

REQUEST FOR STAFF DEVELOPMENT LEAVE/FUNDS

Name(s): _____

Staff Development Activity: _____

Organization Sponsoring Activity: _____

Date(s) and Location: _____

Anticipated Expenses:

Registration _____

Meals _____

Mileage/Transportation _____

Lodging _____

If available, please attach a copy of the program for the workshop/seminar/conference that you wish to attend.

1. Reason for wanting to attend this activity.
2. How will your attendance improve teaching/learning in our district?

I understand that accepting district funds will obligate me to share information with others.

Signature

Date

Principal's Approval

Date

Superintendent's Approval

Date