DELANO PUBLIC SCHOOLS #879

PROFESSIONAL LEAVE REQUEST FORM

Building: Elementary Middle High

SUB NEEDED – BLOCK(S): I _____ II_____ III_____ IV_____

NO SUB NEEDED: _____

NAME:_____ DATE:_____

GRADE/DEPARTMENT:_____

Date(s) of Leave:_____

Location of Training:_____

Description of Training:_____

_____

To be paid from this fund:

_____ Building Staff Dev _____Title I _____ Special Ed Professional Dev _____Q-Comp

_____ Mentorship _____ Curriculum Writing _____ Extra-Curricular _____ DTA

Finance Code:_____

Itemized Costs: Salary:_____ Mileage:_____

Substitute:_____ Meals:_____

Registration Fees:_____ Total Costs:_____

*Mileage rate: Current IRS Rate
Meal reimbursement rates: Breakfast - $7.00; Lunch - $11.00; Dinner - $18.00; with attached receipts

Special Note: All professional development funds requested must be expended prior to the end of the current fiscal year, June 30th.

_____
Signature of Employee

☐ Approved ☐ Denied

Principal / Supervisor:_____ Date:_____