

**ELLSWORTH SCHOOL DEPARTMENT
REQUEST FOR PRIOR APPROVAL OF PROFESSIONAL LEAVE OR COURSE EXPENSE FORM**

Name: _____ Location: _____

Professional Leave

Reason: Prof. Development (Required) Certification Requirements (Forward to Certification Committee)*

Date(s) of Attendance: _____

Name of Conference/Workshop/Meeting: _____

Held in: _____
(City/State)

Expenses: Reimburse: Applicant (A) or Company/Institution (C)

Registration: \$ _____ A C _____

Materials: \$ _____ A C _____

Est'd # of Meals:

____ Breakfast (\$5 Max/Meal) \$ _____ A C _____

____ Lunch (\$10 Max/Meal) \$ _____ A C _____

____ Dinner (\$20 Max/Meal) \$ _____ A C _____

Travel:

Est'd Lodging:

Hotel: ____ Nights @ \$ _____ /night\$ _____ A C _____

Est'd Mileage: \$ _____ = _____ miles @ . _____ /mile

Other (specify):

_____ \$ _____ A C _____

_____ \$ _____ A C _____

_____ \$ _____ A C _____

TOTAL: A To employee \$ _____ PO # _____ (Attach Purchase Order for AP)

C _____ \$ _____ PO # _____ (Attach Purchase Order for AP)

C _____ \$ _____ PO # _____ (Attach Purchase Order for AP)

GRAND TOTAL \$ _____

Please attach conference program/workshop information when available. Pg 2 of form must be completed.

Course Reimbursement

Reason: Certification Requirements (Forward to Certification Committee)*

Supt. Approved Grad. Program, Type of Degree _____

Date(s): Begins _____ Ends _____

Number and Name of Course: _____ Credit Hours: _____

Post Secondary Institution: _____

Location: _____
(City/State)

Expenses: Reimburse: Applicant (A) or Educational Institution (C)

Tuition: \$ _____ A C _____

Textbooks/Materials: \$ _____ A C _____

Est'd Mileage (if applicable): \$ _____ = _____ miles @ . _____ /mile

Other (specify):

_____ \$ _____ A C _____

_____ \$ _____ A C _____

_____ \$ _____ A C _____

TOTAL:

A To employee \$ _____ PO # _____ (Attach Purchase Order for AP)

C _____ \$ _____ PO # _____ (Attach Purchase Order for AP)

GRAND TOTAL \$ _____

This request is: *Certification Approved ____ Certification Disapproved ____

Certification Committee Member, If Applicable*

Date

Approved with Pay: _____

Approved without Pay: _____

Disapproved: _____

Principal or Immediate Supervisor

Date

SCAN AND ATTACH COMPLETED FORM TO ADS REQUISITION. THE APPROVED PURCHASE ORDER WILL SERVE AS THE SUPERINTENDENT'S APPROVAL

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Professional Development: Conference/Convention/ Approval

In order for all appropriate staff to benefit from the attendance of others at conferences/conventions/workshops, etc. each attendee will be expected to share with other staff, at building level meetings, departmental meetings, grade level meetings and district workshops, those significant aspects of the conference/convention attended.

To be completed by Attendee and Immediate Administrator.

What specific benefit to students is anticipated through attendance at this conference? – ATTENDEE

What specific benefits will other staff members be expected to receive from your attendance? – ATTENDEE

Anticipated process of sharing of the learning experience – APPROVING ADMINISTRATOR – Time – Date- Place – etc. (Be specific)

All requests for approval are to be in the Superintendent's office 10 days prior to conference/convention/workshop date.