

**REGIONAL SCHOOL UNIT 1  
REQUEST FOR ADMINISTRATIVE LEAVE\***

I request permission to be absent on \_\_\_\_\_ for the purpose of going to \_\_\_\_\_ (City) to attend \_\_\_\_\_ (Workshop/Conference)

Name: (Printed) \_\_\_\_\_ (Signed) \_\_\_\_\_

Sub required?  Yes  No If yes,  all day;  A.M.;  P.M. Check here if you are SpEd Staff

1. How does this relate to the implementation of Maine's Learning Results and increasing student achievement?  
\_\_\_\_\_  
\_\_\_\_\_

2. Are you willing to conduct follow-up activities for district staff after your participation? \_\_\_\_\_

<u><b>EXPENSES</b></u>	<u>Estimated</u>	<u>Actual**</u>
Travel - No. of miles: _____ @ 58¢ per mile = _____	_____	_____
Tolls _____ = _____	_____	_____
Meals: up to \$40.00 per diem (per Article IX, Section A of the SEA contract)		_____
Air/Train Fare: _____ = _____	_____	_____
_____ I am requesting payment in advance		
Lodging: up to \$100.00 per diem (per Article IX, Section A of the SEA contract)		_____
_____ = _____	_____	_____
Registration: _____ = _____	_____	_____
Other (specify) _____ = _____	_____	_____
Total = _____	_____	_____

**RECEIPTS ARE REQUIRED FOR REIMBURSEMENT**

3. I will be sharing a written summary of key learnings with \_\_\_\_\_  
Date: \_\_\_\_\_ (name or group)  
(Please use the back of this form or attach your own typed summary)

**FUNDING** (to be completed by an administrator)

<p><u>Source of funding for substitute:**</u></p> <p>_____ Building Level</p> <p>_____ Special Services</p> <p>_____ Prof. Dev. 60505 01234</p> <p>_____ Other (i.e., Me. Facilitator)</p>	<p><u>Source of funding for expenses:**</u></p> <p>_____ Building Level</p> <p>_____ Special Services</p> <p>_____ Staff Dev. 60505 03300</p> <p>_____ Other (please indicate)</p>
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Approved by Principal/Director: \_\_\_\_\_

Approved by Director of Instruction: \_\_\_\_\_

Approved by Director of Special Education: \_\_\_\_\_

Approved by Superintendent: \_\_\_\_\_

\* All requests for administrative leave must be approved by the building principal before submitting to the Superintendent's office.  
\*\* When second copy is returned for reimbursement, a P.O. must be attached for payment of actual expenses.

## Professional Development Summary

Name(s): \_\_\_\_\_

Date: \_\_\_\_\_

Title of Conference/P.D. Event: \_\_\_\_\_

Presenter: \_\_\_\_\_

What concepts and ideas did you find most interesting?

How will you incorporate what you learned into your professional practice?