

Three Lakes Educational Cooperative

REQUEST FOR PROFESSIONAL LEAVE

Employee Name: _____ Current PDP on file? ____ Yes ____ No
(Please print)

Activity applies to goal number: _____

1. Conference, seminar, etc. to be attended: _____

2. Location: _____

3. Date(s): _____

4. Describe briefly the benefits to you and your students which you expect to result from your attendance:

5. Estimated cost to the Cooperative:

Meals \$ _____

Lodging \$ _____

Travel (airfare, mileage at 55 cents, taxi, etc.) \$ _____

Substitute teacher at \$80.00 per day \$ _____

Substitute paraeducator at \$10.00 per hour \$ _____

Registration \$ _____

Other (describe) _____ \$ _____

TOTAL: \$ _____

Signature of Employee: _____ Date Signed _____

6. Recommendation of PRINCIPAL

_____ Approved

_____ Disapproved

Signature of Principal _____ Date Signed _____

7. Recommendation of DIRECTOR

_____ Approved

_____ Disapproved

State briefly the reason(s) for your recommendation: _____

Signature of Director _____ Date Signed _____