

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 (not to exceed \$25.00 per day)	\$ _____
Guidance: Breakfast-\$6, Lunch-\$9, Dinner-\$10	
Lodging	\$ _____
Travel (airfare, mileage at 50 cents, taxi, etc.)	\$ _____
Substitute teacher at \$80.00 per day	\$ _____
Substitute paraeducator at \$10.00 per hour	\$ _____
Registration	\$ _____
Other (describe) _____	\$ _____

***Receipt(s) required for reimbursement.*

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 _____