Clear Form

Request For Permission To Attend

Submit completed form to your Principal/Supervisor at least 10 days prior to the date of the conference/meeting

Name _____ Date of Application _____

Workshop, Conference (Describe & attach registration form):

_____

Place _____ Date/s _____

Will a substitute teacher be required? ☐ Yes ☐ No *Remember to record your absence in AESOP.*

Are substitute teacher costs reimbursable? ☐ Yes ☐ No If yes, from whom?

MUST BE COMPLETED FOR APPROVAL

Type of Professional Development **(Check one)** and enter **Total Hours**

☐ **School Improvement**	☐ **Mentoring**	☐ **Workshops/ Conferences**	☐ **Coursework**	☐ **Highly Qualified Development**
Participation in school/district group development related to the School Improvement or Curriculum Development	Professional development directed to the probationary teacher in the mentor program	Professional growth sponsored by the District or by an ISD, professional organization, or college/university	Coursework taken for credit at an Institution of Higher Education	Participation in professional development specifically for the purpose of attaining *Highly Qualified Status* per No Child Left Behind.
***Total Hours**	***Total Hours**	***Total Hours**	***Total Hours**	***Total Hours**

***Total Hours** = actual number of hours engaged in the above activity, not to include lunch and breaks.

**In the case of Probationary Teachers, these hours may also be recorded on their *Annual Record of Professional Development* required by the IDP (Individualized Development Plan).

ESTIMATE OF EXPENSES

Registration/Fees *(required field – if no fee is required, enter 0.00)* $ _____

*Lodging *(If lodging is requested, you must complete additional **Lodging** form)* $ _____

**Meals *(not to exceed $35 per day)* $ _____
(Must have itemized receipts)

Transportation/Car (Miles x Rate) $ 0.000

Miscellaneous Expenses
Describe: _____ $ _____

Estimated Total Expenses $ 0.000

Signature _____ _____
Employee Signature Date

Signature _____ _____
Principal/Supervisor Date

Acct # _____ $ _____
Amount

Acct # _____ $ _____
Amount

Signature _____ _____
Principal/Supervisor Date

PDC Acct # _____ $ _____
Amount

Signature _____ _____
Superintendent/Designate Date

Signature _____ _____
Business Office Date

* http://policyworks.gov/org/main/mt/homepage/mtt/perdiem/perd03d.html

** http://policyworks.gov/org/main/mt/homepage/mtt/perdiem/MandI.htmB

Print Email Form