## Professional Development/ Substitute Request Form

Name(s) (attach list if nece	ssary) Today's date	Date received in Central Office
Building	Number of	
In-District Requests Reason		
SAT/PPTParent Co	nferencesPrincipal's Rec	questAssessmentNursing Assessment
Field Trip (where to)		
Professional (name activit	y)	
Other (please specify)		
******	*****	***********
Out-of-District Profession	al Development Request	PO # - if given
Title of Activity		_ Have you already registered?(yes or no) YES, attach registration/invoice form – keep a copy
·		
		Registration Deadline
	-	
		Building Goal:
		ust be completed and signed. The Professional psence Management system by the school secretary and
TO BE COMPLETED AT C		**************************************
Funding source (check one): _		
· · · · · · · · · · · · · · · · · · ·	Special Education	
	Grant (please specify)	
-		Item – Acct. Code
*****		*********
<u>Authorizations</u>		
Building Principal	Pre-Approval Date	Entered into Absence Management Date & Initial
April Votto	Date	Approved in <b>Absence Managemen</b> Date & Initial
Central Office Administrator	Date	