**2022-2023 PL1**

Prior Approval Request Form for Professional Learning Leave

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| Name of Applicant: | Last 4 digits of SS #: |
| Site (where do you work): | PL Activity Location: |
| PL Activity Title: | PL Activity Date(s): |

**Check related System Goal**:

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| Student Achievement | Student and Stakeholder Involvement | Organizational Growth and Improvement | Internal Processes |

**Position within district:**  Administrator Paraprofessional  Academic Coach  Counselor  Central Office Director or Chief  Technology Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Teacher Grade Level: \_\_\_\_\_\_\_\_ Content Area: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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|  | **Substitute teacher needed**  for ( ) days x $100 |  |
| ***Estimated Expenses***  **Travel and lodging reservations are the responsibility of the participant. Use tax-exempt forms at hotel check-in. Hotel taxes are not paid by the school system. To assure no taxes are charged, submit for a school system check for hotel payment at least two weeks prior to travel,** | **Registration** Fee: |  |
| **Food** expenses: |  |
| **Round trip mileage**:  # of miles ( ) x .655 = $ |  |
| **Lodging**: |  |
| **Hotel costs over $175.00 per night require Superintendent approval.** | **Other** (specify, for example: parking): |  |
|  | Estimated **Total Expenses** |  |

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| ***Required for approval:*** *Attach supporting documentation: flyer, invitation, or email****.*** |

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| ***What I hope to learn from this PL activity:*** |  |
| ***How I plan to share what I learn from this PL activity with other educators:*** |  |

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| Signature of Participant: | Date: |
| Signature of Supervisor: | Date: |

***For School Office Use Only:*** Select one Funding Source for Substitute, Registration, and Travel:

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| **Staff Development** | **Title I-A** | **Title II-A** | **Title IV-A** | **Pre-K** | **Special**  **Education** | **CTAE** |
| **SIG 1003(a)** | **Fund 150** | | **Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | |  |

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| Signature of applicable Director: | Date: |
| Signature of Federal Programs Director:  (Only required if federal funds are used.) | Date: |