**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**:

|  |  |  |  |
| --- | --- | --- | --- |
|  [ ] 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
|  | **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:***  |  |

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

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

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

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