Professional Development Leave Approval Form 2026-27

Employee Name_____**School**_____

DAY ONE
Name of Professional Development_____

Date(s)of Training _____ **Location**_____
Cost _____

DAY TWO
Name of Professional Development_____

Date(s)of Training _____ **Location**_____
Cost _____

DAY THREE
Name of Professional Development_____

Date(s)of Training _____ **Location**_____
Cost _____

DAY FOUR
Name of Professional Development_____

Date(s)of Training _____ **Location**_____
Cost _____

DAY FIVE
Name of Professional Development_____

Date(s)of Training _____ **Location**_____
Cost _____

Employee Signature: _____

Principal Signature: _____

Federal Programs Director Signature : _____