

Professional Development Leave Approval Form

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 _____

DAY FIVE and 1/2

Name of Professional Development _____

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

Cost _____

Employee Signature: _____

Principal Signature: _____

Federal Programs Director Signature : _____