

# Professional Development Release Day Request Form

THIS FORM MUST BE SUBMITTED AT LEAST TWO WEEKS PRIOR TO THE REQUESTED DATE OF LEAVE. TEACHERS MUST RECEIVE APPROVAL FOR THE REQUESTED RELEASE DAY PRIOR TO ATTENDING THE PROFESSIONAL DEVELOPMENT OPPORTUNITY.

Today's Date:

Event Date:

Name:

Event:

Grade Level or Subject

Location:

Expense Description	Funding Account	Expense Amount
Registration Fees		
Mileage		
Meals		
Lodging		
Substitute <input type="checkbox"/> None <input type="checkbox"/> Full Day <input type="checkbox"/> Half Day		

**Total Expenses:**

1. What is the purpose of this professional development opportunity?

2. How does this opportunity support this year's professional development plan?

3. How will this opportunity improve instruction and better serve students?

4. How will you share the information you receive with other staff members?

**Signatures:**

Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

Principal: \_\_\_\_\_

Date: \_\_\_\_\_

Superintendent/Business Manager: \_\_\_\_\_

Date: \_\_\_\_\_