

## Professional Leave Request Form & Guidelines

- Please submit to your administrator the completed Professional Leave Request form **at least \*2 weeks prior** to the date of activity. After your administrator has approved the request, the form will then be forwarded to Central Office for final approval.

**\* If a pre-payment or purchase order number is required for registration, sufficient time is necessary for processing. Please submit your request at least 3-4 weeks prior to a registration deadline.**

- It is the applicant's responsibility to ensure registration for the upcoming professional activity and confirm their registration with the facilitator or Building Secretary unless otherwise arranged.
- All staff is required to enter an absence into AESOP system **after a Professional Development Request has been approved by Central Office.**
- **Both the "Registration Fee" and "Travel (estimate)" fields must be filled in.**
- If applicable, travel reimbursement is to be requested on the Professional Leave Request Form and if approved, a travel voucher must be submitted within 30 days after the activity. Please fill in the dollar amount in the "travel" field on the form, not the mileage (amount is # of miles x current IRS reimbursement rate - # of miles is calculated from building you work at, not from home).

**If circumstances develop that prevent staff from attending an anticipated and approved Professional Development activity, please notify your building's administrative secretary as soon as possible. Please make every effort to notify the facilitator of the activity and make the appropriate changes in AESOP.**

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Professional Leave Request Form –Next Page.

**KILLINGLY PUBLIC SCHOOLS**  
**PROFESSIONAL DEVELOPMENT REQUEST**

Name: \_\_\_\_\_ School: \_\_\_\_\_

Position/Dept.: \_\_\_\_\_ Date of Request: \_\_\_\_\_

**\*Pupil Services staff must have their building administrator & the Director or Asst. Director of Pupil Services sign below.**

Type of Request:        ☐ Professional Development.  
                                 ☐ District/School Business

Date(s): \_\_\_\_\_ Full Day ☐ 1/2 Day ☐ a.m. ☐ p.m. ☐

**If this is not a full day, please specify the time you will be out.** From: \_\_\_\_\_ To: \_\_\_\_\_

**Substitute Teacher Needed?**        Yes ☐ No ☐

Title of Activity: \_\_\_\_\_

Location: \_\_\_\_\_

Sponsoring Agency or Presenter: \_\_\_\_\_

Registration Fee: \$ \_\_\_\_\_ Travel (estimate) \$ \_\_\_\_\_ (submit travel voucher within 30 days)

**How does this Activity relate to your buildings' goals?** \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

***Applicant must enter absence in AESOP AFTER Central Office approval***

-----**Building Administrator**-----

**Identify Funding source for Registration Fees:** District Funding ☐ Grant Funding ☐

Identify Account # \_\_\_\_\_ Enter the req. or PO number

**\* Administrative Secretaries are responsible for encumbering expenses; Administrators will be encumbered@ C.O. \***

\_\_\_\_\_  
Administrator's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
\*Signature of Pupil Services Director or Asst. Director

\_\_\_\_\_  
Date

-----**Central Office**-----

Approve ☐ Disapprove ☐

\_\_\_\_\_  
Assistant Superintendent's Signature

\_\_\_\_\_  
Date