

**Professional Learning Form
Glascock County School System**

Employee Name:		School:	
Position		Sub:	
Professional Learning Activity (name of workshop, conference, meeting, etc.):			
Location (City, State):		Date(s):	
What goal is this aligned to in your school improvement plan (reference page # of SIP) or what PL Goal?			
How do you plan to share this activity experience with your peers upon your return?			
Estimated Mileage Cost (0.54 per mile):		Hotel:	
Lodging Cost Estimate:		Check in:	Check out:
Substitute cost (estimate \$58 per day)		Special rate code:	
Meals (only eligible for overnight trips or > 12 hours) B-\$6, L-\$7, D-\$15 High Cost (Atlanta, Savannah, Brunswick) B-\$7, L-\$9, D-\$20		Registration Fee:	
Employee Signature:		Date:	
Principal Signature:		Date:	
Comments:			
Prof. Learning Director Signature:		Date:	
If money is required a funding source must be noted. Program Director must indicate funding source below. Please list funding source(s):			
Substitute:	Date:	Amount:	
Superintendent Signature:		<input type="radio"/> Approved <input type="radio"/> Denied	Date: