



Leavenworth USD 453
REQUEST TO ATTEND PROFESSIONAL DEVELOPMENT

All out of district professional leave (*workshops, conferences, and other professional development opportunities*) must be pre-approved by your administrator, supervisor, and the Director of Teaching and Learning, even if you are not requesting reimbursement.

Please check : Classified Certified Administrator

Dates of Request(s) _____ Date(s) of Event _____

Attendee Name _____

Building/Department _____

Title of Event _____

Sponsored by/Presenter _____

Location of Event _____

Substitute Required 1/2 Day Full Day(s) No Sub needed

Estimated Registration Cost \$ _____

Estimated Hotel Cost \$ _____

(Hotels will not accept tax exempt forms if payment is not paid by district)

Any Additional Estimated Costs, *please identify specific costs separately* \$ _____

Total Estimated Cost \$ _____

Which of the District Initiative does this professional development opportunity align to?

Strategic Plan

Family Engagement

Literacy Instruction

Technology as an Educational Tool

Other, please specify

Briefly explain how the workshop, conference, meeting will benefit your professional development goals and how it aligns to your building's school improvement targets.

NOTE: Attendee must attach a copy of the conference and follow the district travel guidelines in completing this request and your request for reimbursement.

Employee Signature _____

Supervisor / Principal: _____

Approved _____ Not Approved _____ Date _____

Director of Teaching & Learning : _____

Approved _____ Not Approved _____ Date _____

(for office use only)

Which building/department has agreed to pay expenses? _____

What is the account line that this will be paid from? _____

Contact for this professional development opportunity moving forward? _____