

Kelly Services Invoice Number: _____

PROFESSIONAL DEVELOPMENT ACTIVITY – REQUEST TO BE ABSENT FORM – PART I

To be submitted at least two weeks prior to scheduled activity

TO BE COMPLETED BY EMPLOYEE:

EMPLOYEE NAME: _____ EMPLOYEE ID#: _____

SCHOOL: _____

RELEASE DAY REQUESTED TO ATTEND: ☐ In District PD ☐ Out of District PD

DATE OF ACTIVITY: _____ ☐ FULL DAY ☐ HALF DAY ☐ AM ☐ PM

PD ACTIVITY TITLE: _____ LOCATION: _____

IS A SUBSTITUTE REQUIRED FOR YOUR ABSENCE? YES NO

Explain how this activity relates to your school/department improvement plan, your professional growth option or a district goal:

Expenses authorized by (list name or department): _____

Signature of Employee

Date

Are any of the following required?

Account Numbers Only

Substitute Needed? ☐ Yes ☐ No ☐ Full Day ☐ Half Day

Registration Fee? ☐ Yes ☐ No Cost: \$ _____

Travel / Lodging? ☐ Yes ☐ No Cost: \$ _____

Other? ☐ Yes ☐ No Cost: \$ _____

PLEASE NOTE: If you answered YES to any of the above an account number MUST be included to process this form. Please obtain account information before submitting forms. Incomplete forms cannot be approved and will be returned.

Professional Development – Part II - Reimbursement Request must be submitted with itemized receipts to request reimbursement.

Signature of Principal / Supervisor

Date

Please send completed form to:) y Monroe, Director of Teaching and Learning.

TO BE COMPLETED BY ASSISTANT SUPERINTENDENT FOR CURRICULUM & INSTRUCTION

☐ Approved ☐ Denied

Signature of Director of Teaching and Learning

Date