

**DELANO PUBLIC SCHOOLS #879
PROFESSIONAL LEAVE REQUEST FORM**

Building: ECSE Elementary Intermediate High School

Sub Needed Block(s): **AM** **PM** **NO Sub needed**

Name: _____ Date: _____

Grade level / Dept: _____

Date(s) of training:	_____
Location of training:	_____
Description of training:	

To be paid from this fund:			
<input type="checkbox"/> Prof. Development	<input type="checkbox"/> Title I	<input type="checkbox"/> Special Ed Prof Dev	<input type="checkbox"/> QComp
<input type="checkbox"/> Mentorship	<input type="checkbox"/> Curriculum Writing	<input type="checkbox"/> Extra Curricular	<input type="checkbox"/> DTA
Finance Code: _____			

Itemized Costs	Salary: _____	Mileage*: _____
	Substitute \$209/\$104.50: _____	Meals**: _____
	Registration Fees: _____	Total Costs: _____
<small>*Mileage Rate: Current IRS rate Meal Reimbursement: Breakfast-\$15.00, Lunch- \$16.00. Dinner-\$28.00 with attached receipts.</small>		

Special Note: All Professional Development Funds requested must be expended prior to the end of the current fiscal year, June 30th.

Signature of Employee

APPROVED DENIED

Principal/Supervisor: _____ Date: _____