

## **Canton Public School District**

## **Request to Participate in Professional Activity**

I request to be absent from work to participate in the following professional activities:

Note: Professional Activity Form should be completed <u>entirely</u>. Forms that are missing information and <u>is not</u> completed by the due date will be <u>denied</u>.

Location:							
ponsored by:							
Date(s):							
Other information (if app	(List	only (1) date or	· consecutive d	lates per requ	est)	ale indicate the car	
Other information (if app.	псанс) Васк ир	documentation <u>we</u>	oc attached inc	ruding wapquest.	If hone is availab	he marcate the sar	
Date of Request				Print Name			
			ESTIMATED COST				
ir Fare			\$				
leals ( Day	ys @ \$	/Day)	\$				
odging ( Da	ays @ \$	/Day)	\$				
egistration			\$				
ental ( D	ays @ \$	/Day)					
ileage (	Miles @	/mile)	:				
ther			\$				
stimated Cost to the D	istrict·						
chool or Division:	ISHICL						
mployee Signature:							
o be paid from:							
•	FUND	GLC	FUNC	PGM	OBJ	UNIT	
	FUND	GLC	FUNC	PGM	OBJ	UNIT	
equest approved by:							
Principal/Supervisor			•		Date		
equest approved by:							
	Director of Business & Finance			Date		e	
equest approved by:							
-	Executive Supervisor				Date		
OApproved	Superinter	ndent Signatu	re				
ODenied	Date						