

BULLOCK COUNTY BOARD OF EDUCATION

 REQUEST FOR APPROVAL OF PROFESSIONAL DEVELOPMENT ACTIVITY
 REQUEST FOR LEAVE

SCHOOL: _____

DATE: _____

NAME: _____

VISIT TO: _____

DATE(S) OF VISIT: _____

OBJECTIVE(S): _____

TEACHER'S SIGNATURE _____

APPROVED _____ **DATE:** _____

Principal

_____ **DATE:** _____

Director (if federal funding is used)

_____ **DATE:** _____

Professional Development Committee

_____ **DATE:** _____

Superintendent (if school time and/or funds are used)

TOTAL ESTIMATED COST: \$ _____

VERIFICATION

THIS IS TO CERTIFY THAT THE ABOVE NAMED INDIVIDUAL DID ATTEND THE WORKSHOP OR OTHER ACTIVITIES AS DESCRIBED AND IS ENTITLED TO _____ CLOCK HOURS OF CREDIT.

_____ **DATE:** _____
Certifying Official (Name and Title)