

- CERTIFIED PERSONNEL -

**School Business Absence Request****Part I – Employee Section**

Employee's Name \_\_\_\_\_ Today's Date \_\_\_\_\_

School/Location \_\_\_\_\_

Name of Conference/Workshop \_\_\_\_\_

Location of Conference/Workshop \_\_\_\_\_

Date(s) of Workshop \_\_\_\_\_ Time(s) of Workshop \_\_\_\_\_

Name of person sending you \_\_\_\_\_

Explain how this workshop/conference/school visitation fits the comprehensive school improvement plan (CSIP) & individual growth plan:  
\_\_\_\_\_  
\_\_\_\_\_

ARE YOU REQUESTING PROFESSIONAL DEVELOPMENT CREDIT? YES \_\_\_ No \_\_\_

Expenses Requested (check all that applies): Airfare \_\_\_ Lodging \_\_\_ Meals \_\_\_ Mileage \_\_\_  
Parking \_\_\_ Registration Fees \_\_\_ Substitute \_\_\_ Other (specify) \_\_\_\_\_  
\_\_\_\_\_**ATTENTION EMPLOYEES: COMPLETE PART I ONLY. RETURN THIS DOCUMENT TO BUILDING AESOP COORDINATOR. DO NOT ENTER ABSENCE INTO AESOP UNTIL YOU ARE NOTIFIED THAT THE ABSENCE IS APPROVED.**

Employee signature \_\_\_\_\_ Date \_\_\_\_\_

Principal Approval \_\_\_\_\_ Date \_\_\_\_\_  
\_\_\_\_\_**PART 2 – (OFFICE USE ONLY) To be completed by Grant/Funding Source Supervisor**

FUNDING SOURCES (provide project number): Title 1 \_\_\_ Idea B \_\_\_ Idea B Pres \_\_\_

District PD \_\_\_ TCES PD \_\_\_ TCMS PD \_\_\_ TCHS PD \_\_\_ Title II \_\_\_

Title II PD \_\_\_ Other \_\_\_\_\_

Check if applicable: General \_\_\_ SBDM \_\_\_\_\_

List of Teacher approved (continue on back page if needed): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_\_\_\_\_\_  
Grant/Funding Source Supvr. Approval \_\_\_\_\_ Date \_\_\_\_\_ Superintendent Approval \_\_\_\_\_ Date \_\_\_\_\_