



CHUH Professional Development Request Form (Out of District)

All applications should be received four (4) weeks before the requested dates if travel arrangements are required and at least two (2) weeks if no arrangements are needed. You must refer to and strictly follow the guidelines on page two of this form.

☐ Application for Professional Leave ☐ Cancellation of Previous Request ☐ Consultant Request

Name as it appears on State ID: _____ DOB: _____

School/Dept.: _____ Grade/Subject.: _____

Cell Phone number: _____ Emergency Contact: _____

Conference Name: _____ Date(s) _____ Location: _____

Will you receive compensation/seat time for attending? ☐ Yes ☐ No If yes, how much? _____

A copy of the Program Brochure Must be Attached.

For more information, refer to the Professional Development Travel Guidelines at CHUH.org.

Estimated Expenses

Substitute Cost: _____

☐ I will share a room ☐ I will room alone & pay half of the room expenses

Registration Fee: _____

of nights _____ X _____ = \$ _____

Consultant Fee: _____

Attach W-9

Preferred Airline/Flight #: _____

Lodging: _____

_____ miles x .67 per mile = \$ _____

Meals: _____

Mileage \$ _____ Luggage: \$ _____

Transportation: _____

Airfare: \$ _____ Uber/Taxi \$ _____

Total Estimated Expenses: _____

Parking \$ _____ Other fee's \$ _____

Total: \$ _____

Departure Date _____ Return _____

I have read and agree to the conditions as stated on this form, and I agree to pay all non-refundable costs if I cancel my attendance and a suitable replacement cannot be found.

Applicant's Signature _____ Date: _____

FOR SUPERVISOR/PRINCIPAL USE ONLY

☐ Approve as Requested ☐ Approve Partially ☐ Denied

PO# _____ Special Requests: _____

Supervisor's Signature: _____ Date: _____

FOR CHIEF ACADEMIC OFFICER/EDUCATIONAL SERVICES

☐ Approve as Requested ☐ Approve Partially ☐ Denied

Signature: _____ Date: _____



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