



Leavenworth USD 453
REQUEST TO ATTEND PROFESSIONAL DEVELOPMENT

All out of district professional leave (*workshops, conferences, and other professional development opportunities*) must be pre-approved by your administrator, supervisor, and Asst. Superintendent or Director of Learning Services, even if you are not requesting reimbursement.

Please check : ____ Classified ____ Certified ____ Administrator

Dates of Request(s) _____ Date(s) of Event _____

Attendee Name _____

Building/Department _____

Title of Event _____

Sponsored by/Presenter _____

Location of Event _____

Substitute Required 1/2 Day ____ Full Day(s) ____ No Sub needed ____

Estimated Registration Cost \$ _____

Estimated Hotel Cost \$ _____

(Hotels will not accept tax exempt forms if payment is not paid by district)

Any Additional Estimated Costs, *please identify specific costs separately* \$ _____

Total Estimated Cost \$ _____

Which of the District Initiative does this professional development opportunity align to?

____ Strategic Plan: Focus Area - _____

____ Other; please specify _____

____ KESA/KLN/Title Goal-Action Plan _____

Briefly explain how the workshop, conference, meeting will benefit your professional development goals and how it aligns to your building's school improvement targets (KESA/KLN/Title I, etc.).

NOTE: Attendee must attach a copy of the conference and follow the district travel guidelines in completing this request and your request for reimbursement.

Employee Signature _____

Supervisor / Principal: _____

Approved _____ Not Approved _____ Date _____

Asst Superintendent or Director of Learning Services : _____

Approved _____ Not Approved _____ Date _____

(for office use only)

Which building/department has agreed to pay expenses? _____

What is the account line that this will be paid from? _____

Contact for this professional development opportunity moving forward? _____