**DELANO PUBLIC SCHOOLS #879**
**PROFESSIONAL LEAVE REQUEST FORM**

**Building:** _____ECSE _____Elementary _____Intermediate _____High

**Sub Needed DHS– Period(s): 1 _____ 2 _____ 3 _____ 4_____ 5_____ 6_____ NO Sub Needed_____**

**Sub Needed DIS/DES: Full Day_____ Half Day _____ NO Sub Needed_____**

NAME:_____ DATE:_____

GRADE/DEPARTMENT:_____

Date(s) of Leave:_____

Location of Training:_____

Description of Training:_____

_____

To be paid from this fund:

_____ Building Prof Dev _____Title I _____ Special Ed Prof Dev _____Q-Comp

_____ Mentorship _____ Curriculum Writing _____ Extra-Curricular _____ DTA

**Finance Code**:_____

Itemized Costs: Salary:_____ Mileage:_____

Substitute:_____ Meals:_____
(210.16/$105.08)

Registration Fees:_____ Total Costs:_____

*Mileage rate: Current IRS Rate
Meal reimbursement rates: Breakfast - $18.00; Lunch - $20.00; Dinner - $36.00; with attached detailed receipts

***Special Note: All professional development funds requested must be expended prior to the end of the current fiscal year, June 30th.***

_____
Signature of Employee

☐ Approved ☐ Denied

Principal / Supervisor:_____ Date:_____

Please submit approved form to the Accountant