

**BUCKEYE CENTRAL LOCAL SCHOOL DISTRICT
PROFESSIONAL LEAVE FORM**

Name: _____ Date(s) of PD: _____
PD Activity: _____ Location of PD Activity: _____

Please submit a brief written summary of the event. **Attach a flyer if available.**

Approximate costs:

_____ Please check if **NO** Expense to the Board of Education

\$_____ Registration Fee; Payable to: _____

*If approved, I plan to register self OR I need someone to register me

_____ Total Miles to Drive: Mileage begins & ends @ BC or point of origin- whichever is closer. Turn in mileage form upon return.

\$_____ Lodging (Per negotiated agreement, up to \$150.00/night for 2+day events 60 miles away; Staff member is responsible for booking lodging and providing a receipt & requisition upon return for reimbursement.)

\$_____ Other Expenses: _____

**All expenses must be turned in at completion of event with receipts, mileage form (if claiming) and a requisition.*

Educator Signature: _____ Date: _____

Please Submit completed form to Building Principal; Director of Curriculum will communicate approval/denial status & next steps. This form will be returned to you for your records.

Building Principal Signature: _____ Approved Denied

Director of Curriculum Signature: _____ Approved Denied

Superintendent Signature: _____ Approved Denied

Final - Treasurer

Reflection Requested: Upon return from this professional development activity, please complete the [google](#) form that is emailed to you.