CHUH Professional Learning 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.

BELONG. BELIEVE. ACHIEVE.

CH-UH Professional Learning Request Form (Out-of-District)

***All applications must be received at least FOUR (4) weeks before requested dates.**

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

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

Cell Phone number:_____**Emergency Contact:**_____

Event Name:_____ **Date(s)**_____ **Location:**_____

Is this training required to fulfill your job responsibilities? ☐ **Yes** ☐ **No**

REQUIREMENTS: **Copies of the program information must be attached. All applicants must submit a professional Learning implementation plan using the QR CODE located to the right of this form. This must be completed and approved prior to attending any professional learning. For additional information, refer to the Professional Learning Travel Guidelines at CHUH.org. A funding source must be included PRIOR to final approval. A completed CHUH Professional Learning Form will need to be submitted before approval.**

tinyurl.com/CHUHPLForm

ESTIMATED EXPENSES

Substitute Cost: _____

Registration Fee: _____

Consultant Fee: _____
Attach W-9

Lodging Cost: _____

Departure Date_____ **Return Date** _____

Meals: _____

***Transportation:** _____
* Use of a car rental must be approved by the CAO and/or Superintendent

Total Estimated Expenses: _____

☐ **I will share a room** ☐ **I will room alone & pay 1/2 of the room expenses**

# of nights_____ **X** _____ **= $** _____

Preferred Airline/Flight #:_____

_____ **miles x 0.725 per mile = $**_____

Mileage $_____ **Luggage: $**_____

Airfare: $_____ **Uber/Taxi $**_____

Parking $ _____ **Other fees $**_____

Will you receive compensation/seat time for attending?

☐ **Yes** ☐ **No** **If yes, how much?**_____

Total: $_____

☐ **I have read and agree to the conditions stated on this form. I understand that I am responsible for all non-refundable costs if I cancel my attendance and a suitable replacement cannot be found. Furthermore, I acknowledge that if the Academic Services Dept does not grant final approval, I will be responsible for all associated costs.**

Applicant's Signature_____ **Date:**_____

FOR SUPERVISOR APPROVAL AND SOURCE OF FUNDING

☐ **Approve as Requested** ☐ **Approve Partially** ☐ **Denied**

Requisition # (Required)_____ ***OR*** **Purchase Order (Required) #** _____

Supervisor's Signature (Required)_____ **Date:**_____

FOR CHIEF ACADEMIC OFFICER/ACADEMIC SERVICES

☐ **Approve as Requested** ☐ **Approve Partially** ☐ **Denied**

CAO Signature:_____ **Date:**_____

Revised 12/1/2025