

## Professional Leave or Workshop

Name and location of meeting: \_\_\_\_\_

\_\_\_\_\_

Date(s) of meeting: \_\_\_\_\_

Educational Purpose: \_\_\_\_\_

Sponsoring Agency: \_\_\_\_\_

List anticipated expenses:

Travel	\$
Meals	\$
Lodging	\$
Fees	\$
TOTAL	\$

Date \_\_\_\_\_

Employee Signature \_\_\_\_\_

Approved

Disapproved

\_\_\_\_\_  
Superintendent Signature

\_\_\_\_\_  
Date