

MANCHESTER SCHOOL DISTRICT - PROFESSIONAL LEAVE REQUEST

For Seminars, Workshops, Conferences, Non-credit Courses

**(To be submitted 10 school days prior to meeting date.
If over \$300--must be approved by Finance Committee at least 30 days before event.)**

****PRINT OR TYPE ALL INFORMATION (except signature)****

Requester		Signature	
Home Address			
City/State/Zip			
Today's Date	School		Grade or Subject
Position	(ie: math teacher, spec. ed. teacher, etc.)		Employee #
Workshop Title/ Meeting Title			
Meeting Location		Meeting Date(s)	
	(City)	(State)	

SUBSTITUTE(s) (Please indicate):		YES, for _____ (#) DAY(S)	NO, Substitute(s) not needed
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ATTACH THE FOLLOWING: PD GOAL THAT RELATES TO THE ACTIVITY EVENT AGENDA REGISTRATION INFORMATION IF OVER \$300, AN EXECUTIVE SUMMARY	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>PD activity is a required District initiative.</td></tr> <tr><td>PD activity is for licensing purposes.</td></tr> <tr><td>PD activity is in alignment with my SMART goals.</td></tr> <tr><td>PD activity is in alignment with District or School Goals.</td></tr> <tr><td>Activity is related to the supervision of students.</td></tr> </table>	PD activity is a required District initiative.	PD activity is for licensing purposes.	PD activity is in alignment with my SMART goals.	PD activity is in alignment with District or School Goals.	Activity is related to the supervision of students.
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Reimbursement for items below not available through General Fund for teachers per MEA Contract effective 7/1/99					
REGISTRATION FEE(S)	TRANSPORTATION MILEAGE @ IRS Rate	TOLLS / PARKING	LODGING & MEALS	OTHER EXPENSES	TOTAL EXPENSES (not incl. subs)

FUNDING SOURCE(S) -- Please indicate:					
EXPENSES paid by:	General Fund	or	Fund #	Project #	Title:
SUB(s) paid by:	General Fund	or	Fund #	Project #	Title:
School Principal	Program/Project Director (if applicable)	HR Director	Assistant Superintendent (if necessary)	Superintendent (if necessary)	
Date:	Date:	Date:	Date:	Date:	

APPROVED:			
	(Date)	APPROVED AMOUNT	

PLEASE NOTE: FOR REIMBURSEMENT AFTER MEETING, Requester to complete below & return APPROVED Copy of this form WITH PROOF OF PAYMENT(S) and ATTENDANCE to Finance Office.

Reimbursement for items below not available through General Fund for teachers per MEA Contract effective 7/1/99					
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