

**GADSDEN CITY SCHOOLS**

**In-School/System, Planning/Training/Field Trips**

*To be completed when employees participate in planning/training within system and no travel reimbursement is incurred.*

**NO SUB or AESOP ENTRY REQUIRED**

School: \_\_\_\_\_ Date: \_\_\_\_\_

Employee: \_\_\_\_\_ Certified / Non-Certified  
*(Circle Appropriate Area)*

Employee: \_\_\_\_\_ Certified / Non-Certified  
*(Circle Appropriate Area)*

Employee: \_\_\_\_\_ Certified / Non-Certified  
*(Circle Appropriate Area)*

**Full Day** \_\_\_\_\_ **Half Day: AM** \_\_\_\_\_ **PM** \_\_\_\_\_

Dates of Planning/Professional Development: \_\_\_\_\_

Purpose and location for release time: \_\_\_\_\_

\_\_\_\_\_

**SUBSTITUTES and AESOP ENTRY REQUIRED**

*(Substitutes typically rotate among the staff to provide release time for planning/training.)*

**SPECIFY PROGRAM FUNDING** \_\_\_\_\_

**TEACHER/AIDE(S) NAME:**

**SUB(S) NAME:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Full Day** \_\_\_\_\_ **Half Day: AM** \_\_\_\_\_ **PM** \_\_\_\_\_

Dates of Planning/Professional Development: \_\_\_\_\_

Purpose and location for release time: \_\_\_\_\_

**Principal's Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**Funding Source Supervisor Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**Original to be filed at Funding Source / Copy sent to the sending School/Location**