

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