



PO# _____
(if applicable)

REQUEST FOR PROFESSIONAL LEAVE

(revised 01/2023)

To be submitted to the Superintendent at least two weeks prior to participation

Request must also be submitted through AESOP

Employee Type: **CERTIFIED** **SUPPORT** (please circle)

Name of Employee: _____ Home School/Location _____

Event Title: _____

Location of Meeting: _____

Date(s) of Meetings and Travel: _____

Attach the official notification and/or agenda

ESTIMATED COST OF MEETING/ACTIVITY:

FUND TO BE CHARGED

Is a substitute to be employed? (circle one) YES NO _____

Registration Fees: \$ _____

Lodging: _____

Meals: _____

(per diem Breakfast \$8, Lunch \$10, Dinner \$16)

Transportation _____

Mileage: _____

(\$.655 per mile)

Parking: _____

Airline Fare: _____

TOTAL _____

Comments: _____

Enter into AESOP. Provide confirmation number.

Confirmation Number

Signature of Employee

Date

Signature of Principal/Supervisor

Date

Signature of Project/Fund Supervisor (approving expenditure coding)

Date

Signature of Superintendent

Date

NOTE: A copy of the AESOP e-mail approval must be attached to the Travel Reimbursement Form.

Complete Page 2 for required Training and Turnaround Description

What is your **PLAN** for Professional Development Turnaround?

Purposeful

Lead

Achievable

Networking

Based on the acronym for PLAN, listed above, describe the purpose of your Professional Development and how you will share the knowledge you gain from your experience.

Purpose –

Turnaround Plan:

Activities:

Estimated Date of Training:

Activity #1 (Required) –	Timeline #1 (Required) –
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
Activity #2 (Optional) –	Timeline #2 (Optional) –
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____