

Shiawassee Regional Education Service District Professional Development Request

Name of Person Requesting Leave _____

School/Department _____

Complete this form for Curriculum or Professional Development. Must be submitted at least 5 business days in Advance (48 hours for Personal Business days).

Complete **one form per date/event**. Form must be completed, approved and called into the Sub System at (989) 743-5961, by each teacher/aide who will be out of the classroom **AT LEAST FIVE BUSINESS DAYS PRIOR** to the day substitute(s) are needed. **DO NOT CALL FOR SUB UNTIL YOUR DAY IS APPROVED.**

- In-District Event
 Out-of-District Event
 Outside of School Calendar/Hours
 Full Day
 A.M. Only
 P.M. Only

Destination _____

- Local
 State
 National

Name of Conference/In-Service/Project _____

Professional Goal to be Addressed: _____

Registration Fee: _____ Estimated Total Costs: _____
 Self Registered Need To Be Registered

Date(s)/Duration of Absence _____

- Sub Needed
 No Sub Needed

MUST BE COMPLETED

Days of Professional Development:

<input type="checkbox"/> Classroom Management	<input type="checkbox"/> Instructional Delivery (Strategies)	<input type="checkbox"/> Other (ex: Workshop, Conference)
Number of Days _____	Number of Days _____	Number of Days _____

Briefly state type of activity _____

Supervisor Signature _____ Acct. No. _____
Assigned by Supervisor

Assistant/Associate Superintendent Signature _____ **Date** _____

Signature of Employee _____ **Date Submitted** _____