

**PRAIRIE CENTRAL COMMUNITY UNIT SCHOOL DISTRICT NUMBER 8**  
**REQUEST FOR PROFESSIONAL LEAVE**

Each teacher may use two (2) professional days per year to attend a workshop, conference or professional meeting in the teacher's field. Written request must be given to the building principal at least five (5) days prior to the scheduled workshop. Complete Section A & B, then submit to Principal for the approval process. *For reimbursement, complete Section C, attach receipts and/or proof of payment, complete the evaluation on the back of the form, and submit to the Unit Office.*

**Please note:** The teacher is responsible for registration and paying required fees. The district will reimburse up to the prescribed allotment (currently \$200). This allotment includes registration, meals, mileage, and housing.

**SECTION A:**

Employee Name \_\_\_\_\_  **Principal Request**

Date of Event \_\_\_\_\_ Time: AM \_\_\_\_\_ PM \_\_\_\_\_ All Day \_\_\_\_\_

Organization holding meeting or school to be visited: \_\_\_\_\_

Theme, Subject of Conference, or Purpose of Visitation: \_\_\_\_\_

\_\_\_\_\_

Provision for classes while absent: \_\_\_\_\_

Substitute Needed: Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, number of days \_\_\_\_\_

**SECTION B:**

	<u>ESTIMATED</u>	
TRAVEL to _____		
_____ Miles x \$.45 cents per mile	\$ _____	
HOUSING		
Cost Per Night \$ _____ x _____ Nights	\$ _____	
(Max of 2 nights – not to exceed state rate)		
FEES for: _____	\$ _____	
OTHER EXPENSES (for substitutes, etc.)	\$ _____	
REGISTRATION FEE	\$ _____	
<i>TOTAL</i>	<u>\$ _____</u>	

*SECTION C: Complete this section after attending event*

ACTUAL

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

Recommend Approval  Not Approved

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

Approved  Not Approved

\_\_\_\_\_  
Superintendent's Signature

\_\_\_\_\_  
Employee Signature

Budget Code: \_\_\_\_\_ (for Unit Office only)

PRAIRIE CENTRAL COMMUNITY UNIT SCHOOL DISTRICT NUMBER. 8  
***WORKSHOP EVALUATION***

WORKSHOP: \_\_\_\_\_

DATE: \_\_\_\_\_

LOCATION: \_\_\_\_\_

EVALUATION: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
DATE

\_\_\_\_\_  
Teacher's Signature

***Please complete and return to the Unit Office following your workshop.***