

Leave Day Request Form / PD Tracking Document
FILL OUT AND GET APPROVAL BEFORE ENTERING INTO AESOP

Name: _____

Date Submitted _____

Date(s) Requested _____ ***Please indicate with **None**, if not missing school

ALL Day _____

AM Only _____ Sub Time Needed _____

PM Only _____ Sub Time Needed _____

Purpose:

- ____ Illness - Family or Self
- ____ Medical Appointment
- ____ Funeral / Bereavement
- ____ Personal Day
- ____ Jury Duty
- ____ Member Paid Leave
- ____ District Testing
- ____ School Improvement / Curriculum Work
- ____ **Individual Requested PD**
- ____ **PD / Conference Requested by District**
- ____ **Conference: District Reimbursed for Sub**
- ____ **Conference Sub Paid from Title II**

**Codes bolded in this section
have the potential to be
counted towards advancement
points**

Advancement Point Request:

1. Number of hours requested: _____

*** A full day counts for 6 hours

Principals Initials when Finalized

2. Individual PD Request Information

Conference Name: _____

Please explain how the PD applies to the school improvement plan or your IDP goals.

3. Individual PD Cost (This amount will be subtracted from the teacher's yearly allotment)

Conference Cost _____

Mileage _____ X \$.57 _____

(School vehicle must be used if available and is no cost)

Hotel _____

Other _____

Total Cost _____

Teacher Signature _____

Principal Signature _____