

**Fannin County Schools  
Prior Approval Request Form  
Professional Learning Leave  
PL Form 1**

***Participant Directions:*** 1) Complete all information below. This form should be completed by the participant for approval at least 2 weeks prior to the activity. 2) Submit this form and the completed activity registration form to your supervisor. 3) The principal will submit the form to the professional learning director. Note: Travel expenses may not be reimbursed without prior authorization. This form is ONLY for professional learning leave.

NAME \_\_\_\_\_ Activity Title: \_\_\_\_\_

Activity Location: \_\_\_\_\_ Registration Deadline: \_\_\_\_\_

Requested Leave Date(s): \_\_\_\_\_

Departure Date: \_\_\_\_\_ Return Date: \_\_\_\_\_

Departure Time: \_\_\_\_\_ AM/PM Return Time: \_\_\_\_\_ AM/PM

PLU Credit:  Yes  No Number of contact hours \_\_\_\_\_

Check Related System Goals:

- Attain high level of student achievement
- Develop organizational effectiveness
- Develop stakeholder support and satisfaction

Workshop objectives and school improvement plan action item number: \_\_\_\_\_

Registration Fee:  Yes  No Amount to be Paid: \$ \_\_\_\_\_ Did you register for this workshop? \_\_\_\_\_

Substitute Needed:  Yes  No Days needed: \_\_\_\_\_

Overnight travel expenses?  Yes  No Name and telephone number of motel (IF STAYING OVERNIGHT): \_\_\_\_\_

Cost per night for motel room (Required): \_\_\_\_\_

**YOU ARE RESPONSIBLE FOR REGISTRATION**

(CHECK ONE)

PAID BY EMPLOYEE (TO BE REIMBURSED) \_\_\_\_\_

PAID BY SCHOOL (TO BE REIMBURSED) \_\_\_\_\_

PAID BY CENTRAL OFFICE (PLEASE ATTACH REGISTRATION INFORMATION) \_\_\_\_\_

Required Signatures:

\_\_\_\_\_  
Supervisor/Principal Approval Date

\_\_\_\_\_  
Professional Learning Coordinator/Central Office Date

TYPE OF FUNDS AND FUND NUMBER: PL \_\_\_\_\_ VENDOR WILL BILL BOE \_\_\_\_\_  
OTHER \_\_\_\_\_