



# Linden City Schools

## Professional Development Request Form



Applicant Name		School/Department		Phone Number
Title Of Professional Leave Activity				
Location (City, State)	Start Date/Time	End Date/Time	Professional Leave Justification	
Expense	Estimated Expense		Funding Source	
Lodging Expense				
Meal Expense				
Registration Expense				
Transportation Expense				
Miscellaneous Expense				
Total Expenses				
Substitute Required? (Enter Dates)			Substitute Funding Source	
Remarks (Use for special requirements, i.e, travel arrangements, etc)				
Employee's Signature/Date				
APPROVALS/DENIALS				
School Principal - Approved			School Principal - Denied	
Signature			Signature	
Date			Date	
Central Office - Approved			Central Office - Denied	
Signature			Signature	
Date			Date	