

**PUTNAM COUNTY BOARD OF EDUCATION  
PROFESSIONAL LEAVE  
TRAVEL REQUEST**

Name: \_\_\_\_\_  
 School: \_\_\_\_\_  
 Position: \_\_\_\_\_  
 Date Submitted: \_\_\_\_\_

**FUNDS REQUESTED:**

Registration Fee: \$ \_\_\_\_\_  
 Lodging: \$ \_\_\_\_\_  
 Travel: \$ \_\_\_\_\_  
 Meals (if overnight) \$ \_\_\_\_\_

Substitute (# days) \_\_\_\_\_  
 # of conferences attended this yr. \_\_\_\_\_

**CONFERENCE/WORKSHOP TITLE:**

\_\_\_\_\_  
 \_\_\_\_\_

**LOCATION:** *(city/state)*

\_\_\_\_\_  
 \_\_\_\_\_

**School Improvement Correlation:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Departure Date	Time (AM/PM)
Return Date	Time (AM/PM)

**PCS Strategic Plan Correlation:**

\_\_\_\_\_  
 \_\_\_\_\_

**Other:** \_\_\_\_\_  
 \_\_\_\_\_

**PARTICIPATION:** *(check one)*

- Job Related
- Professional Development
- Presenter
- Other - explain

\_\_\_\_\_  
 \_\_\_\_\_

**SIGNATURES and DATE:**

Teacher: \_\_\_\_\_

Principal: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Director: \_\_\_\_\_

**For Office Use:**

Funding Category: Elem. Middle Sec. Voc. SPED Grant Other Evaluation Form Received _____
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