

REQUEST FOR PROFESSIONAL LEARNING

Full Name

School/Department

Type of Professional Learning

- Workshop/Conference Webinar On-demand Class/Course (ie. Warm Demanders, C2L, OH&S) Non-credit Coursework
- Other (Describe) _____

Begin Date and Time: _____ End Date and Time: _____

Number of Sub Days Required: _____ Specify Dates of Sub Coverage: _____

If you are a Principal,
Number of Days an Acting Principal is Required: _____ Who will be Acting Principal: _____

Hotel Required: _____ Meals: _____

Resources Required: _____ Estimate Cost: _____
(Subs, Mileage, Registration, Hotels, Meals, Resources)

A copy of the brochure, weblink or information must be attached, prior to receiving approval.

How does this request support your Professional Growth Plan?

How does this align to the school and division goals/priorities?

Is this your first request this school year? _____ If no, please indicate 2nd, 3rd, etc.: _____

Approval of Professional Learning Activity

Signature of Principal or Supervisor

Date

Signature of Applicant

Date