

Willard R-II Schools
Request for Professional Leave

Employee Name: _____
Building: ___ Willard North ___ Willard South ___ Willard East ___ Willard Central ___ IS ___ MS ___ HS
Department/Grade Level: _____
Date of Request to PDC Building Representative: _____
Purpose of Leave: _____
Number of Days Requested: _____ **Date/s to be Absent:** _____
Days of Professional Leave Already Taken This Year: _____

(Please attach a copy of the registration form and any other relevant information.)

Estimated Allowable Expenses:

Distance Round Trip (____ miles @ ____ per mile)	\$ _____
Registration Fee	\$ _____
Substitute Fee	\$ _____
Meals/Lodging (receipt required)	\$ _____
Other _____	\$ _____
TOTAL	\$ _____

MILEAGE: District rate = 35¢ per mile SUBSTITUTE PAY: Half-Day Sub = \$35.00, Whole Day Sub = \$70.00 MEAL ALLOWANCES: Breakfast = \$5.00, Lunch = \$7.50, Dinner = \$10.00

Professional Development Goal: (please check one)

- _____ **CSIP Goal 1:** The Willard R-II School District will increase student learning as evidenced by local, state, and national achievement levels.
- _____ **CSIP Goal 2:** The Willard R-II School District will recruit, train and retain high quality teachers and support staff.
- _____ **CSIP Goal 3:** The Willard R-II School District will enhance and improve community and parental support.
- _____ **CSIP Goal 4:** The Willard R-II School District will establish, maintain, and plan for adequate facilities, resources, and materials.

High Quality Professional Development: (check all that apply)

- _____ actively engages teacher in planning, skills, and implementation over time
- _____ is directly linked to improved student learning
- _____ is directly linked to district and building school improvement plans
- _____ is developed with extensive participation of teachers, principals, and other administrators
- _____ provides time and other resources for learning, practice, and follow-up
- _____ is supported by district and building leadership
- _____ provides teachers with the opportunity to give the district feedback on the effectiveness of participation in this professional development activity

BUILDING PDC REPRESENTATIVE

DATE

PREAPPROVAL NUMBER