

NAME \_\_\_\_\_

PROFESSIONAL LEAVE MEETING APPLICATION

PIKE-DELTA-YORK LOCAL SCHOOLS

APPLICANT'S NAME \_\_\_\_\_

DATE OF APPLICATION \_\_\_\_\_

TYPE OF CLINIC \_\_\_\_\_

WHEN \_\_\_\_\_

WHERE \_\_\_\_\_

\*\*\*PURPOSE \_\_\_\_\_

ARE YOU DRIVING ALONE \_\_\_\_\_

IF NOT, WILL YOU SHARE MILEAGE EXPENSES -

YES \_\_\_\_\_ NO \_\_\_\_\_

ROUND TRIP MILEAGE \_\_\_\_\_

COST OF REGISTRATION \_\_\_\_\_

\*\*LODGING NEEDS \_\_\_\_\_

\*ACTUAL NUMBER OF MEALS INVOLVED \_\_\_\_\_

SUBSTITUTE NEEDED - YES / NO \_\_\_\_\_

PRINCIPAL'S ESTIMATE OF COST \_\_\_\_\_

PRINCIPAL'S RECOMMENDATION \_\_\_\_\_

SUPERINTENDENT'S APPROVAL \_\_\_\_\_

\* Maximum costs per day allowed per person for meals will be \$25.00  
Itemized bills are required for all costs requested.

\*\* Certificated staff maximum costs per day allowed per person for lodging  
will be \$75.00. Itemized bills are required for all costs requested.

\*\*\* Reminder - Local professional growth activity proposal form (LPDC) should  
also be filled out if you wish this activity to be used toward re-certification  
requirements.