ADMINISTRATOR REQUEST FOR PROFESSIONAL DEVELOPMENT LEAVE

Administrator Information
Name:
School:

Activity Information	
Date:	Location:
Name/Title:	
Release Time Required:	
Conference agenda must accompany this application	
Provide a brief description of how this activity supports your professional learning goals. Please attach additional documentation to describe the activity (e.g., event flyer, schedule, etc.)	

Estimated Expenses		
Expenses, as approved by HPSD, include assistance in covering the cost of travel, accommodation, meals, registration fees and substitute teacher if required. Expenses in excess of the established administrator's fund balance will be the individual's responsibility.		
Registration Fee: $ _____	Mileage: _____ km @ 0.55/km = $_____	
Substitute Teacher Required: (circle one)	YES	NO
Other: (please explain)		

Signatures	
Administrator:	Date:
HPSD Representative:	Date:

Email/scan this form to pd@hpsd.ca at LSC prior to the activity.
Late applications may not be approved.