

## WPS Professional Development Leave Request Form

Name:	Current Date:
Type of Position:	Role:
Type of Leave Requested:	
Dates of Leave Requested:	
Number of Days Requested:	
PD Title and Location:	
Staff Signature:	

<b>Principal</b> (Please enter number of days below)	<b>Substitute?</b>
Professional:	Needed                      Yes                      No
Personal:	Account #:
Sick:	

**Professional Leave Requested Expenses: Account #:** \_\_\_\_\_

Registration	Travel*	Meals	Lodging	Total

<b>Immediate Supervisor</b>	<b>Director/Supervisor</b>
Recommendation:    Yes                      No	Recommendation:    Yes                      No
Comments/Signature:	Comments/Signature:
Date:	Date:

<b>Principal</b>	<b>Superintendent/Director of Operations/Finance</b>
Recommendation:    Yes                      No	Recommendation    Yes                      No
Comments/Signature:	Comments/Signature:
Date:	Date:

\*Mileage must be calculated from WPS assigned site using Google Maps or  
WPS Mileage Guide.                      (Updated August 2009)