

**Fairfield Professional Learning
PRE-APPROVAL FORM
For Conference and Workshops**

Educator:
Please complete
Sections A - D below.

Approval Path
1) Department Head (Curriculum Leader, Coordinator or Liaison)
2) Housemaster or Principal
3) Headmaster (HS's only)
4) Director of Elem. or Sec. Ed
5) Director of HR

SUBMIT TO DISTRICT OFFICE **14 DAYS IN ADVANCE** FOR APPROVAL SIGNATURES

A. DETAIL

Check All That Apply:

PD Approval

PD Absence Request

Name: FPS ID#:
 School: House:
 Teaching Assignment: Grade Level:
 Title of Activity:
 Location of Activity: Date: If more than 1 day, enter days here

B. GOAL TO BE ADDRESSED (check all that apply): District School Department Individual

How will this activity provide professional learning that supports the goals on your Educator Professional Growth plan? Be specific.

Your answer is limited to the size of the box.

This will help me in my role as a technology integrator as I try to help teachers learn IC as well trouble shoot problems as they arise.

How will this activity support the District, School, Department and Grade Level Improvement Plan? Be specific.

Your answer is limited to the size of the box.

I will be able to help teachers with IC.

C. PROFESSIONAL LEARNING EXPENSES

NOTE: Travel expenses MUST be submitted within 30 days of trip.

Registration Fee **TO BE PAID VIA PURCHASE ORDER**

ESTIMATED ADDITIONAL EXPENSES:

Travel
 Lodging
 Meals
 Total Anticipated Expenses (If more than \$350 please provide rationale)

Reimbursement requires that this request be approved at least two weeks prior to the event. Use the Out-Of-Town Travel Form when submitting expenses with ALL original receipts and/or supporting charge statements. **NO TRAVEL REIMBURSEMENTS WILL BE PROCESSED IF SUBMITTED AFTER JUNE 30TH** (for the prior school year).

D. REQUEST FOR PROFESSIONAL LEARNING ABSENCE

Date(s) of absence: Date Full Day Portion of Day: Start Time Return Time
 Date Full Day Portion of Day: Start Time Return Time
 Date Full Day Portion of Day: Start Time Return Time

Educator's Signature Date

E. REQUEST FOR PROFESSIONAL DEVELOPMENT APPROVAL

Department Head's Signature Date Recommended Not Recommended Yes No
 Building Administrator's Signature (1) Date Recommended Not Recommended **FUNDING? If YES, Enter Account #** Yes No
 Building Administrator's Signature (2) Date Recommended Not Recommended Yes No
 Director of Elem. or Sec. Ed Signature Date Recommended Not Recommended

Notes: (if required) With Full Pay Loss Equivalent to Substitute Pay Loss of Full Pay Reason Code

*Final approval is given by the Director of Human Resources