**Bolton Board of Education**

*REQUEST FOR PROFESSIONAL LEAVE*

Request **must be approved fourteen (14) days prior** to date of leave. Payroll office will e-mail copies to school secretary and employee following action by Superintendent/Designee.

*Approval for Professional Development requests which require any type of funding should* ***NOT*** *be considered* ***“APPROVED”*** *until you receive confirmation from the Board of Education.*

|  |  |
| --- | --- |
| Date Submitted | Date: Click here to enter a date. |
| Employee Name | Click here to enter text. [ ]  BCS [ ]  BHS |
| Date(s) of Leave | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ]  Full Day  [ ]  Half Day A.M. [ ]  Half Day P.M. |

\*\* Please submit website link or scan/attach and email registration form with this form for approval

Click here to enter text.

|  |  |
| --- | --- |
| Substitute Required | [ ]  Yes [ ]  No [ ]  Full Day [ ]  Half Day |
| P.D. Training Cost | $ Click here to enter text.  |

|  |  |
| --- | --- |
| Title/Description of the Professional Leave request | Click here to enter text. |
| Choose the District Goal(s) that best relate to this request. | [ ] 1. All students will apply critical thinking to the construction and critique of arguments.[ ] 2. All students will read, write, produce and speak grounded in evidence for a variety of purposes and audiences and utilize collaboration and digital literacy skills to enhance communication.[ ] 3. All students will use a variety of research tools to access, evaluate, synthesize and apply information effectively.[ ] 4. All students will see problems as opportunities, approaching twenty-first century challenges with ethical leadership, boldness, creativity, and responsible citizenship. |
| How will this professional development activity address your goals or needs? | Click here to enter text. |
| How will you share learning with others? | Click here to enter text. |

**For Administration Use Only**

|  |
| --- |
| ♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦ |
|  [ ]  Approved [ ]  Denied |
| Building Administrator’s Signature: Click here to enter text.Date: Click here to enter a date. |
|  Sub Required [ ]  Yes [ ]  No Sub Approval: Click here to enter text.  Dir. Pupil Services [ ]  Approved [ ]  Denied Signature Click here to enter text. Date: Click here to enter a date. |
| ♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦ |
|  [ ]  Approved [ ]  Denied Account #: Click here to enter text. |
|  Sub Charge [ ]  BOE [ ]  Grant Account #:Click here to enter text. |
|  Board of Education Signature: Click here to enter text. |
| **Form Revised 8/2015** |