



Request for Activity Authorization

Please complete this form and submit to your building principal **prior** to attending training. Submit **Authorization Form** and **Requisition** to the PDC for approval. You may also need to fill out a **Substitute Request Form**.

Name: _____

Activity: _____

Date of Activity: _____ Approx. Length of Activity (in hours): _____

Please mark **one** Goal to which the activity aligns.

Reading

Writing

Math

Personal Goal (from your blue PDP)

District Goal (please specify below)

How would you like your points applied?

Please check one
<input type="checkbox"/> Content
<input type="checkbox"/> Professional Education
<input type="checkbox"/> Service to the Profession

Please check all that apply
<input type="checkbox"/> Recertification
<input type="checkbox"/> Salary Enhancement

This section is to be completed by the building principal.

Select one: District Leave Professional Leave Personal Leave

(Principal Signature)

(Date)

This section is to be completed by a member of the Professional Development Committee.

Select one: Approved
 Denied (incomplete form) Denied (please contact a PDC Member)

(PDC Chairperson)

(Date)

(PDC Member Signature)

(Date)