



Prior Approval Request Form for Professional Learning Leave  
PL Form 1.a online version

**Participant Directions:**

- 1) Complete all information below. This form should be completed by the participant for approval at least 2 weeks prior to the activity.
  - 2) Submit this form with attached documentation to the Professional Learning Coordinator.
- Note: Travel expenses may not be reimbursed without prior authorization. This form is ONLY for professional learning leave.

Name of Applicant: [Click here to enter text.](#)

Last 4 digits of SS #: [Click here to enter text.](#)

Site: [Click here to enter text.](#)

Position: [Click here to enter text.](#)

PL Activity Title: [Click here to enter text.](#)

PL Activity Location: [Click here to enter text.](#)

PL Activity Date(s): [Click here to enter text.](#)

Check related System Goal:

<input type="checkbox"/> Student Achievement	<input type="checkbox"/> Student and Stakeholder Involvement	<input type="checkbox"/> Organizational Growth and Improvement	<input type="checkbox"/> Internal Processes
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**Estimated Expenses:**

Substitute needed for <a href="#">Click here to enter text.</a> days	Food: <a href="#">Click here to enter text.</a>
Registration Fee: <a href="#">Click here to enter text.</a>	Mileage: <a href="#">Click here to enter text.</a>
<b>Travel and lodging reservations are the responsibility of the participant. Use tax exempt forms at hotel check-in. Hotel costs over \$150.00 per night require Superintendent approval.</b>	Lodging: <a href="#">Click here to enter text.</a>
	Other: <a href="#">Click here to enter text.</a>
	(specify): <a href="#">Click here to enter text.</a>
Total Travel Expenses: <a href="#">Click here to enter text.</a>	

**Attach supporting documentation: flyer, invitation, completed registration form, or email.**

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

**For School Office Use Only:**

Select one Funding Source for Substitute, Registration, and Travel:

- Staff Development
- Title I-A
- Title II-A
- Striving Readers
- Special Education
- CTAE

Director's Initials \_\_\_\_\_ Date \_\_\_\_\_

Note: If more than one funding source is being used, specify expenditure under each funding source.

Signature of Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of PL Coordinator: \_\_\_\_\_ Date: \_\_\_\_\_

- Approved
- Not approved

**This page is for your reference only. Do not send this page.**

**Site:** Where you currently work.

**Position:** Your current position.

**Use the following as a guide to check related System Goals:**

**Student Achievement**

- CCGPS
- Formative/  
Summative Data
- Differentiation
- Student  
Performance

**Student and Stakeholder Involvement**

- Community  
Resources
- Positive  
Relationships
- Stakeholder  
Education
- Stakeholder  
Communication

**Organizational Growth and Improvement**

- Professional  
Learning Plan
- Support  
Staff Training
- Certified  
Professional  
Staff

**Internal Processes**

- Technology  
Infrastructure
- Cafeteria Meal  
Program
- Facilities
- Safe School  
Environment
- Transportation
- Fiscal  
Responsibility
- Highly  
Qualified Staff

**Calculating Estimated Expenses:**

Mileage reimbursement rate is .54 cents per mile.

Meal rates:

\$6 for breakfast, \$7 for lunch, and \$15 for dinner

\$7 for breakfast, \$9 for lunch, and \$20 for dinner for high cost areas  
*(Chatham, Cobb, DeKalb, Fulton, Glynn, Richmond counties)*

On travel days, the meal rates will be reimbursed @ 75% of the allowed amount.

**Expense Statement – Documentation needed after PL:**

1. Expense Statement
2. Approved PL form
3. Documentation of Attendance (Certificate of Attendance, PL Form 2, or Sign-in Sheet)
4. Receipts (e.g. parking)