

**Senatobia Municipal School District**

**Request for Professional Leave**

Person making request \_\_\_\_\_ Leave requested for (dates) \_\_\_\_\_

Sponsoring organization:	
Purpose of meeting:	
Estimated Cost: (Registration, hotel, travel, etc...)	
City/State of meeting:*	
Place of lodging:	
How do you propose to evaluate whether the information gained at the conference impacted student achievement?	
How does the training from this conference impact the implementation of the state curriculum?	
How do you propose to share the training from this conference with other district staff? (Include timelines)	
Is CEU credit available?	
Is the conference required by MDE?	

(Attach itinerary if applicable

(\*Out-of-State meetings require prior board approval.)

\_\_\_\_\_  
Signature of person making request

\_\_\_\_\_  
Date

( ) Approved  
( ) Not Approved {for the following reason (s):}

Funding Source \_\_\_\_\_

\_\_\_\_\_  
Principal's Signature  
( ) Approved  
( ) Not Approved {for the following reason (s):}

\_\_\_\_\_  
Date  
Funding Source \_\_\_\_\_

\_\_\_\_\_  
Superintendent's Signature

\_\_\_\_\_  
Date