



Garfield Heights City Schools Teaching & Learning

5 6 4 0 B r i a r c l i f f D r . , G a r f i e l d H e i g h t s , O H 4 4 1 2 5

Application for Out-of-District Professional Leave

**Proposal must be approved prior to registration*

Name: _____ Date: _____ Building: _____

Workshop/Conference/Event Name/Sponsor: _____

Date(s) of event (including travel): _____ Location: _____

Substitute Needed YES NO Substitute Paid For By: _____

1.) Carefully consider how the professional development falls into the listed focus area(s) and check accordingly. If none of those listed adequately pertains, check "Other" and state the focus:

ELA	Science	Math	Social Studies	Other: _____
Social/Emotional Behavior		Data Collection/Analysis		Curriculum/Assessment

2a.) Briefly describe the PD requested and how it aligns with your building goals and/or the district goals:

2b.) Briefly describe how the PD requested aligns with your Professional Growth Plan:

3a.) How will the new learning be used and monitored?

3b.) What data source(s) will be analyzed to determine the effectiveness of the skills/strategies learned?

3c.) How will this new knowledge be shared with others (if applicable)?

4.) List all costs, reimbursements and other resources associated with this PD. Please also attach all information pertaining to PD (brochures, web information, etc.) that describes the workshop or conference.

Registration Fee:	\$ _____
Lodging: Number of Nights: _____	\$ _____
Number of Miles: _____ @ \$.58 per mile (attach Mapquest or similar)	\$ _____
Other Transportation and Parking: (Uber, Taxi, Lyft, Airfare, etc.)	\$ _____
Meals: (max \$50 per day) Number of Days: _____	\$ _____
Other Costs/Fees: Specify: _____	\$ _____
<u>TOTAL ESTIMATED COSTS:</u>	\$ _____

*Tax exemption certificates can be requested from the Treasurer's Office. Taxes will not be reimbursed. Tips reimbursed up to 15%.

X _____
Applicant's Signature Date

X _____
Principal's Signature Date

X _____
District Designee, Title Date

PD Funded By: _____