WORK OUTSIDE THE SCHOOL DAY

This form needs to be pre-approved by your Principal and the Assistant Superintendent.
Complete the top section and submit to the Principal prior to the work/professional development.
Teacher should keep a copy. An approved copy will be returned to teacher.

_____ _____
Teacher Name Date(s) of Event

Description of Work/PD _____

_____

Estimated Total Hours _____ _____
Principal

Estimated Mileage _____

_____
Estimated Fees/Other Costs _____ Asst. Superintendent

Complete this section of the work/PD (actual amounts). Submit to Treasurer's office when complete.

_____	_____	_____
Date	Hours	Description
_____	_____	_____
Date	Hours	Description
_____	_____	_____
Date	Hours	Description
_____	_____	_____
Date	Hours	Description
_____	_____	_____
Date	Hours	Description

Total Actual Hours _____ Total Actual Mileage _____ Total Actual Other Costs _____

_____ _____
Teacher Signature Treasurer Signature