**Bolton Board of Education**

*REQUEST FOR PROFESSIONAL LEAVE*

Request **must be approved fourteen (14) days prior** to date of leave. Payroll office will e-mail copies to school secretary and employee following action by Superintendent/Designee.

*Approval for Professional Development requests which require any type of funding should* ***NOT*** *be considered* ***“APPROVED”*** *until you receive confirmation from the Board of Education.*

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| --- | --- |
| Date Submitted | Date: Click here to enter a date. |
| Employee Name | Click here to enter text.  BCS  BHS |
| Date(s) of Leave | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Full Day  Half Day A.M.  Half Day P.M. |

\*\* Please submit website link or scan/attach and email registration form with this form for approval

Click here to enter text.

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| --- | --- |
| Substitute Required | Yes  No  Full Day  Half Day |
| P.D. Training Cost | $ Click here to enter text. |

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| --- | --- |
| Title/Description of the Professional Leave request | Click here to enter text. |
| Choose the District Goal(s) that best relate to this request. | 1. All students will apply critical thinking to the construction and critique of arguments.  2. All students will read, write, produce and speak grounded in evidence for a variety of purposes and audiences and utilize collaboration and digital literacy skills to enhance communication.  3. All students will use a variety of research tools to access, evaluate, synthesize and apply information effectively.  4. All students will see problems as opportunities, approaching twenty-first century challenges with ethical leadership, boldness, creativity, and responsible citizenship. |
| How will this professional development activity address your goals or needs? | Click here to enter text. |
| How will you share learning with others? | Click here to enter text. |

**For Administration Use Only**

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| Approved  Denied |
| Building Administrator’s Signature: Click here to enter text.  Date: Click here to enter a date. |
| Sub Required  Yes  No Sub Approval: Click here to enter text.  Dir. Pupil Services  Approved  Denied Signature Click here to enter text.  Date: Click here to enter a date. |
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| Approved  Denied Account #: Click here to enter text. |
| Sub Charge  BOE  Grant Account #:Click here to enter text. |
| Board of Education Signature: Click here to enter text. |
| **Form Revised 8/2015** |