South Shore Regional Professional Development Fund Application Form – Educational Leave of Less Than One Year (60-75 Days)

Name				Professional Number		
Primary Work Location			Contract Status (Permanent, Probationary, or Term)			
Current Assignment		Email Address				
Purpose of Leave				Number of Teaching Days		
Dates of Leave					Teaching Percentage	
Please review the guidelines for Educational Leaves of Less Than One Year (60-75 Days) prior to submitting your application. Please consult monthly application deadlines and meeting dates in the Guidelines booklet, as late applications will not be accepted by the Committee.						
Previous Educational Leaves (within the last 5 years)						
School Year	Number of Days in Leave		Purpose of Leave			
This form must be accompanied by a clear and detailed outline of the proposed Educational Leave and a clear and detailed explanation of how the proposal meets one or more of the program priorities established by the School Board and any additional criteria established by the Committee						
Applicant's Signature		Date				
Approval						
Supervisor's Signature		Supports Application			Date	
		Yes		No		
(If the Supervisor does not support the a	application, please attach	a letter e	explainin	g why not.)		
Director of HR's Signature		proved			Date	
		Yes		No		
The Director of HR's signature approves the teacher to be away from his/her assignment only. Reimbursement of any costs associated with the leave must be approved by the Professional Development Committee.						
PD Committee Co-Chair's Signature	Ap	proved			Date	
		Yes		No		