

**Hermon School Department
Request for Approval
Professional Development – Educational Improvement Day(s)**
(Request must be five [5] days in advance)

I, _____ (please print name), request permission to use
(#) _____ professional development – educational improvement day(s) as follows:

Title of Visitation/Workshop _____

Date(s) of Visitation/Workshop _____

Location of Visitation/Workshop _____

Briefly explain how this visitation/workshop is related to the teacher's classroom responsibilities and how the teacher's classroom performance is expected to improve as a result of this of visitation/workshop:

Substitute Needed: _____ Yes _____ No Workshop Registration: \$ _____

Upon approval, staff member is responsible for registering.

Signature of Teacher: _____ Date: _____

Recommendation of Principal: _____ Approve _____ Deny

District Initiated: _____ Yes _____ No If yes, please complete the following:

Hotel Reservations: \$ _____ Meals: \$ _____ Mileage Reimbursement: \$ _____

Signature of Principal: _____ Date: _____

Please submit completed form to Building Principal, who will forward it to the
Superintendent for approval/denial.

_____ Request approved _____ Request denied

Signature of
Superintendent: _____ Date: _____

Cc: Superintendent
Principal
Teacher