

**Cleveland City Schools
Professional Development
Travel/Absence Request**

Name:

Current Date:

Title of Event:

Location of Event:

Date of Event:

How does this request relate to your District-School Improvement Plan?

How are expenses to be paid?

(Check one below)

- Self
- Local School
- Melody Buckner
- Ann Culbreth
 - o **Title 1**
 - o **ARRA**
- Cathy Goodman
- Joy Hudson
- Larry Payne
- Andy Phillips
- Paul Ramsey
- Debby Torres
 - o **High Schools That Work Grant**
 - o **First to the Top Grant**
- Renny Whittenbarger
 - o **CTE Budget**
- Curriculum Team
 - o **General PD Budget**

List of Projected Expenses

Registration Fee:

Travel Costs:

Lodging Costs:

Meals:

Substitute Teacher:

Total Projected Expenses:

Applicant's Signature:

Date:

Principal Signature:

Date:

For Office Use Only

Supervisor Responsible for Payment Signature:

Date:

Supervisor of Professional Development Signature:

Date: