


**PROFESSIONAL LEARNING
REQUEST FOR SUPPORT**

PROFESSIONAL LEARNING REQUEST FOR SUPPORT—GCID-E2		
Please send to the specific assistant superintendent for approval.		
Name:	School: Select one	Position:
Inservice/workshop name:	Location:	Date(s):
Rationale:		
	Anticipated	Requested Support
Registration fee	\$	\$
Teacher's signature		Date:
Principal's approval		Date:
Assistant superintendent responsible for approval:		
<i>Payment will be made upon receipt of requisitions.</i>		
FOR OFFICE USE ONLY		
	Approved	Paid
Registration fee	\$	\$
Assistant superintendent's approval: <input type="checkbox"/> Denied <input type="checkbox"/> Approved Signature: _____		Date:
Budget code:		
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Effective Date: June 7, 2005
 Amended Date: September 18, 2018
 Board Motion(s): 301/05; 194/18
 Legal/Cross Reference:

Review Date: March 10,
2021