

**MILL CREEK COMMUNITY SCHOOL CORPORATION
PROFESSIONAL GROWTH LEAVE REQUEST FORM**

This form is to be used by all staff members when requesting approval for attendance at a local, state, or national conference. All such requests are due in the office of the Superintendent **10 working days prior to the date of conference; however, if the request requires Board approval, it must be in the office of the Superintendent at least one week prior to the next regularly scheduled board meeting.**

Employee Name _____ School _____
(If multiple employees, attach list of names)

Name of Meeting _____ Meeting Sponsor _____

Meeting Date(s) _____ Meeting Location _____

A substitute will **not** be needed **will be needed** on the following date(s) _____

What is the purpose of attendance? _____

Registration Fee: \$ _____ Are you already registered? _____

Please attach a copy of the conference program, and a hard copy of a sample/completed registration form, indicating workshop choices, meal selection, etc.

Hotel accommodations requested? ____ Approved for ____ nights: _____

Signatures/Approvals:

Requesting Staff Member Date: _____

Immediate Supervisor Date: _____ **Approved** **Denied**

Central Office Administration Date: _____ **Approved** **Denied**

Substitute paid by: _____ If MCCSC, account: _____

Mill Creek Board of School Trustees approval required if overnight or out of state

Date: _____ **Approved** **Denied**

