



Beautiful Plains School Division

Request to Attend a Professional Development Activity

EMPLOYEE'S NAME:	SCHOOL:
NAME OF INSERVICE:	
DATE(s) OF INSERVICE:	
LOCATION:	LENGTH (1/2 day, 2 days, etc.):

To claim expenses, please submit an expense voucher when activity is over.

SUPPORT REQUESTED
Substitute (length):
Registration:
Transportation:
Other:

ACTIVITY AUTHORIZATION

This activity has been approved by the:

<u>School Principal:</u> _____ Signature	<u>Superintendent's Department for:</u> Substitute: Other:
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Superintendent's Signature

Date