



WHARTON INDEPENDENT SCHOOL DISTRICT
PROFESSIONAL DEVELOPMENT LEAVE REQUEST

Note: Please submit this form to your principal at least 10 days prior to the date of the Professional Development. All signatures will be needed for final approval.

Name of Staff Member
(please attach additional names for groups)

Campus or Location

Date of Requested PD Leave

Date(s) of PD session

Name of Professional Development session and Location:

Campus Improvement Plan Goal # and Objective #: _____

Proposed funding source (Title/Campus & budget code): _____

How will this PD help my classroom/campus?

Employee's Signature

Date

Principal/Supervisor's Signature

Date

Executive Director

Date