

**BUCKEYE CENTRAL LOCAL SCHOOL DISTRICT  
PROFESSIONAL LEAVE FORM**

Name \_\_\_\_\_ Date \_\_\_\_\_

PD Activity \_\_\_\_\_ Date(s) of PD \_\_\_\_\_

Location of PD Activity \_\_\_\_\_

Please submit a brief written summary of the conference, workshop, or visitation that includes a connection with your professional goal(s).

Approximate costs: \_\_\_\_\_ Registration \_\_\_\_\_ Mileage  
\_\_\_\_\_ Lodging (up to \$125.00/night) \_\_\_\_\_ Other  
\_\_\_\_\_ Please check if **NO** Expense to the Board of Education

Educator Signature \_\_\_\_\_

Principal Signature \_\_\_\_\_

Director of Curriculum Signature \_\_\_\_\_

Superintendent Signature \_\_\_\_\_

Final - Treasurer

**REQUIRED: Upon return from this professional development activity, please provide a synopsis of the program and explain how you plan to use the information received in your classroom, building or district to the Supervisor of Curriculum.**

\_\_\_\_\_ I would like to share my information at a staff, team, grade level, or departmental meeting – if so, please check.