



### CHUH Professional Development Request Form (Out of District)

All applications should be received four (4) weeks before the requested dates if travel arrangements are required and at least two (2) weeks if no arrangements are needed. You must refer to and strictly follow the guidelines on page two of this form.

Application for Professional Leave       Cancellation of Previous Request       Consultant Request

Name as it appears on State ID: \_\_\_\_\_ DOB: \_\_\_\_\_

School/Dept.: \_\_\_\_\_ Grade/Subject.: \_\_\_\_\_

Cell Phone number: \_\_\_\_\_ Emergency Contact: \_\_\_\_\_

Conference Name: \_\_\_\_\_ Date(s) \_\_\_\_\_ Location: \_\_\_\_\_

Will you receive compensation/seat time for attending?  Yes  No If yes, how much? \_\_\_\_\_

A copy of the Program Brochure Must be Attached.

For more information, refer to the Professional Development Travel Guidelines at CHUH.org.

#### Estimated Expenses

Substitute Cost:	_____	<input type="checkbox"/> I will share a room	<input type="checkbox"/> I will room alone & pay half of the room expenses
Registration Fee:	_____	# of nights _____ X _____ = \$ _____	
Consultant Fee: Attach W-9	_____	Preferred Airline/Flight #:	_____
Lodging:	_____	_____ miles x .67 per mile = \$ _____	
Meals:	_____	Mileage \$ _____ Luggage: \$ _____	
Transportation:	_____	Airfare: \$ _____ Uber/Taxi \$ _____	
Total Estimated Expenses:	_____	Parking \$ _____ Other fee's \$ _____	
		Total: \$ _____	
		Departure Date _____ Return _____	

I have read and agree to the conditions as stated on this form, and I agree to pay all non-refundable costs if I cancel my attendance and a suitable replacement cannot be found.

Applicant's Signature \_\_\_\_\_ Date: \_\_\_\_\_

#### FOR SUPERVISOR/PRINCIPAL USE ONLY

Approve as Requested       Approve Partially       Denied

PO# \_\_\_\_\_ Special Requests: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### FOR CHIEF ACADEMIC OFFICER/EDUCATIONAL SERVICES

Approve as Requested       Approve Partially       Denied

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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