

CARROLL COUNTY PUBLIC SCHOOLS
PERMISSION FORM FOR INSERVICE/PROFESSIONAL DEVELOPMENT

Employee: _____ Position/Location: _____
 Date of Departure: _____ Date of Return: _____
 Professional Activity: _____ Place of Inservice: _____
Attendee's Signature (Required): _____
 Purpose of Activity: _____

Note: Attendee's Signature is required before approval(s) are initiated

<u>Estimated Costs:</u>	
* Meals:	_____
Lodging:	_____
** Registration:	_____
Transportation:	_____
Other:	_____
TOTAL COST:	

* \$45 Per diem food costs are paid in advance of the trip upon submission of a check request

** Please attach a copy of the registration/conference agenda to this permission form

FINANCIAL CODE								ACCOUNT		AMOUNT
Fund	Cla	Cat	Prog	Area	Act	Proj	Cost Ctr	Obj	Sub-Obj	

Local: _____ State: _____ Federal: _____

Approval: (One Day Professional Activities, for all staff other than Supt. Cabinet, A&S and ATSP)

Signed: Supervisor _____ Date _____
Signed: Cost Center Administrator _____ Date _____
Signed: Director _____ Date _____

Additional Approval: (Overnight or Multi-day Professional Activities, approval as listed above, for all staff)

Signed: Assistant Superintendent _____ Date _____

Approval: (One Day Professional Activities, expenses other than meals and mileage, for Supt. Cabinet, A&S and ATSP)

Signed: Immediate Supervisor _____ Date _____

Note: This form is required to be submitted at least seven (7) days in advance