



**REQUEST FOR AUTHORIZATION FOR PRINCIPALS
TO TRAVEL FOR
PROFESSIONAL DEVELOPMENT ACTIVITIES**
(Outside Ottawa-Carleton)

Name: _____ Date: _____

School/Department: _____

Conference Title: _____ Conference Location: _____

Conference Theme: _____

Theme's Relevance to District and/or School Goals, or Leadership Development Plan: _____

Plan for Sharing Learning: _____

Attendance Dates: _____ to _____

Additional Dates required for Travel: _____ to _____

COST ESTIMATE:			
Registration:	\$ _____	Transportation:	\$ _____
Accommodation:	\$ _____	Per Diem:	\$ _____
Total Estimated Costs: \$ _____			

PLAN FOR COVERING COSTS:		Personal Funds:	\$ _____
Site-Based Budget:	\$ _____	Other:	\$ _____
Central Budget:	\$ _____	Specify Other:	_____
Costs Covering Plan Total: \$ _____			

Coverage Arrangements For Principal's Absence: _____

Claimant Signature _____ Date _____

REQUEST APPROVED _____ REQUEST DENIED _____

Superintendent of Instruction _____ Date _____