

Southeast Fountain School Corporation  
744 East U.S. Highway 136  
Veedersburg, IN 47987-9783

**Staff Development Leave Request**

Staff Member: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Inservice activity: \_\_\_\_\_  
\_\_\_\_\_

Date of leave being requested: \_\_\_\_\_

Location of this activity: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

**Costs:**

Registration: \_\_\_\_\_ Lodging: \_\_\_\_\_ Meals: \_\_\_\_\_

Mileage: \_\_\_\_\_ Other: \_\_\_\_\_ Total Cost Estimate: \_\_\_\_\_

Please indicate the area of professional performance that will be improved by your attendance at this activity.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_ Approved    \_\_\_\_ Not Approved    \_\_\_\_\_ Principal

\_\_\_\_\_ Date

The total cost of \$ \_\_\_\_\_ will \_\_\_\_\_ or will not \_\_\_\_\_ be paid by the school corporation.

\_\_\_\_ Approved    \_\_\_\_ Not Approved    \_\_\_\_\_ Superintendent

\_\_\_\_\_ Date