



# Edgerton Public School

423 1st Ave West  
Edgerton, MN 56128  
507-442-7881 (Phone)  
507-442-8541 (Fax)

## Professional Development Request

1. TEACHER/STAFF \_\_\_\_\_ TODAY'S DATE \_\_\_\_\_
2. DATE(S) OF ABSENCE \_\_\_\_\_ NAME OF TRAINING \_\_\_\_\_
3. LOCATION OF TRAINING \_\_\_\_\_

Cost of Training	\$ _____
# Days Sub needed	_____ x \$173.82 = \$ _____
Total Mileage	_____ x \$.655 = \$ _____
Est. Food Costs	\$ _____
Est. Hotel Costs	\$ _____
Misc. costs, materials, videos	\$ _____
Non-Contract Time Costs	_____ hrs x \$32.50= \$ _____
Total Est. Cost	\$ _____ (Sum of all above items)

Please provide an explanation of the requested training and how it will benefit you as well as the district:

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This absence request still needs to be entered into Time Clock Plus (TC+).

\_\_\_\_\_  
TEACHER/STAFF SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINCIPAL'S SIGNATURE

\_\_\_\_\_  
DATE

APPROVED  DENIED