

Bullock County Board of Education
Request for Professional Development

___ REQUEST FOR APPROVAL OF PROFESSIONAL DEVELOPMENT ACTIVITY

___ REQUEST FOR LEAVE

SCHOOL _____

DATE _____

NAME _____

VISIT TO:

DATE (S) OF VISIT

OBJECTIVE(S)

TEACHERS SIGNATURE _____

APPROVED _____
Principal

DATE _____

Director (if federal funding is used)

DATE _____

Superintendent (if school time and/or funds are used)

DATE _____

Professional Development Committee

DATE _____

TOTAL ESTIMATED COSTS \$ _____

Verification

This is to certify that the above named individual did attend the workshop or other activities as described and is entitled to _____ clock hours of credit.

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Certifying Official Name and Title

Date _____