

**EAST CENTRAL KANSAS COOPERATIVE IN EDUCATION  
INTERLOCAL #614**

**DANIEL WRAY**

**DIRECTOR**

600 High Street - P.O. Box 41 Baldwin City, KS 66006 785-594-2737 785-594-6815 (fax) www.eckce.com

REQUEST FOR PROFESSIONAL OR EDUCATIONAL LEAVE

Each request for a teacher to be absent from the classroom for professional meetings or educational trips with or without students will be judged on the basis of (1) merit of the activity, (2) funds available, and (3) overall value of the educational benefit to the Cooperative.

Requests for leave should be made through the Principal to the Director on this form. This form should reach Director at least one week prior to the requested leave date. No teacher should make binding arrangements until the request has been acted upon by the Director.

Person Attending Conference: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Date and Name of Conference/Workshop: \_\_\_\_\_

Location of Conference/Workshop: \_\_\_\_\_

Do you have an active IDP? \_\_\_\_\_ Yes \_\_\_\_\_ No

Does this activity reflect the goals/objectives on your IDP? \_\_\_\_\_ Yes \_\_\_\_\_ No

REGISTRATION INFORMATION

Registration Cost: \_\_\_\_\_

To be paid by Cooperative: \_\_\_\_\_ or Other (specify): \_\_\_\_\_

Has registration been sent in: \_\_\_\_\_ Yes \_\_\_\_\_ No

If "NO" please attach a completed registration form to be sent in by (deadline date): \_\_\_\_\_

*Please notify your school secretary if a substitute is needed.*

Travel Expense: \_\_\_\_\_ Food Expense: \_\_\_\_\_

Lodging Required: \_\_\_\_\_ Yes \_\_\_\_\_ No Other: \_\_\_\_\_

APPROVED BY

Principal: \_\_\_\_\_ Date: \_\_\_\_\_

Director: \_\_\_\_\_ Date: \_\_\_\_\_

Amount Approved (by Director): \_\_\_\_\_

A copy of this form will be returned to the employee after the Principal and Director have acted upon the request.

providing SPECIAL EDUCATION services to:

**Baldwin  
U.S.D. #348**

**Wellsville  
U.S.D. #289**

**Eudora  
U.S.D. #491**