

PROFESSIONAL GROWTH ACTIVITIES (P.G.A.)

REQUEST FORM

You may request a substitute for one (1) day of released time for consultation, visitation, workshop, or similar activities regarding programs that have applicability to your classroom responsibilities. These activities may take place in our school district or other districts in Michigan.

NAME _____ GR/SUBJ _____ SCHOOL _____

DATE DESIRED _____ AM ☐ PM ☐ ALL DAY ☐

Please explain the nature of your request by indicating: 1) where you wish to go, and 2) for what purpose.

Send all copies to the Association Professional Growth Activities Chairperson. Your request will be signed by the Chairperson and forwarded to the Deputy Superintendent for approval or denial. P.G.A. days must be requested in advance to allow the request to reach the Deputy Superintendent at least five (5) days prior to the date a sub is requested.

Signature of P.G.A. Chairperson

Date

Your request for a P.G.A. sub has been: **Approved** ☐

Denied ☐

Signature of Deputy Superintendent

Date

PLEASE ENTER YOUR ABSENCE IN AESOP WITH PGA AS YOUR REASON