

PROFESSIONAL DEVELOPMENT REQUEST

This form is used for any activity requiring a teacher or administrator to be away from his or her usual workstations, or that will incur costs that are to be paid by the School District. These activities include workshops, seminars, college courses, and other professional development opportunities. When submitting the form (on yellow paper), please attach supporting documents (i.e. course/workshop description, flyer, or registration information).

To complete form:

Section I. Enter your name, school, position, and the account number to which costs will be charged. Include the date(s) of the activity, the activity title, the location at which the activity will be held, and the name and address of the organization sponsoring the activity. Also, if non-refundable fees have been or must be paid for this function, enter the name of a staff member who may attend in your place if you are unable to attend (when substitutions are permitted).

Section II. Check each item that pertains to the planned activity. If a substitute is needed to provide coverage while you attend this activity, check the "SUBSTITUTE NEEDED" block.

Section III-a. Include the best estimate of the costs you will incur and for which you will be requesting reimbursement. These estimates are used in the approval process and funds are set aside in anticipation of your reimbursement.

SECTION III-b. Under the heading "***Please check one of the following statements" you must check either the 1st or 2nd box. If you are paying the expenses (such as happens with a college course or workshops) and expect to be reimbursed, check the first box. You will be responsible for both registration and payment of workshops. If you are attending a function that will not require a reimbursement, check the 2nd box.

SECTION IV. Respond to the three questions with respect to this activity.

SECTION V. The principal is to include comments to support the approval or disapproval of this request. The Director of Curriculum and Instruction and the Superintendent will also indicate approval or disapproval.

A copy of the form is then returned to you. The form with all appropriate approvals is authorization for you to pursue a requested course of action. Activities and obligations entered into without prior authorization place you in jeopardy of incurring costs for which you will not be reimbursed.

Save the form with the approvals. After the activity is completed, enter the actual costs incurred on a reimbursement form, and attach your supporting documentation (canceled checks, receipts, etc.). For courses, a grade report indicating satisfactory completion of the course must also be included. **For workshops and other professional development opportunities, proof of attendance (i.e. certificate, PDPs, agenda) must also be included.** Forward the form and supporting documents to the Central Office. Requests for payment without supporting documents cannot be processed.

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PLEASE BE SURE TO READ THE *UPDATED* INSTRUCTIONS FOR THIS FORM.

Requests must be submitted with sufficient lead time to allow for processing. Your authorization for reimbursement for an activity is this form with ALL appropriate signatures. You will need the completed form before the activity date so that you know which costs have been approved for reimbursement.

SECTION I	
NAME _____	Day(s)/Date(s) of _____
School _____	Time(s) of _____
Job Title _____	Activity _____
Account # _____	Title of Activity _____
In the unlikely event you are unable to attend a seminar or workshop for which a fee has been paid, please enter the name of another person who could attend in your absence and who has agreed to do so. _____	Location of Activity _____
	Sponsoring Organization _____
	Street Address _____
	City, State & Zip Code _____

SECTION II	
Check Appropriate Boxes	
<input type="checkbox"/> Course Reimbursement	<input type="checkbox"/> Professional Development Full Day
<input type="checkbox"/> Workshop/Seminar Reimbursement	<input type="checkbox"/> Substitute Needed
	<input type="checkbox"/> Half Day <input type="checkbox"/> Other

SECTION III	
Estimate: Fees _____ Travel _____ Meals _____ Lodging _____ Other _____ Total: \$ _____	
**Please check one of the following statements:	
<input type="checkbox"/> I am paying for the registration and want to be reimbursed	<input type="checkbox"/> I do not expect there to be any cost associated with this activity

SECTION IV
What knowledge and/or skills do you hope to gain from this activity? _____
How is this professional development activity related to your position? _____
Describe how you will disseminate to your colleagues the knowledge gained from participation in this activity. (You may be requested to give a presentation at a faculty meeting) _____

SECTION V	
Principal's Comments:	
Approved <input type="checkbox"/> Not Approved <input type="checkbox"/>	Signature _____ Date _____
Payroll Comments:	
Approved <input type="checkbox"/> Not Approved <input type="checkbox"/>	Signature _____ Date _____
Director of Curriculum and Instruction Comments:	
Approved <input type="checkbox"/> Not Approved <input type="checkbox"/>	Signature _____ Date _____
Superintendent's Comments:	
Approved <input type="checkbox"/> Not Approved <input type="checkbox"/>	Signature _____ Date _____