

Request for Professional Development Activity Approval

Name: _____ Building: ES MS HS

Date of request: _____ Location of Activity: _____
(Make requests as early as possible.)

Activity Title: _____ Special Discipline focus: _____

Date(s) of Activity: _____ Time: _____

CSIP Goal(s) Addressed: _____

How will information be shared with colleagues? _____

Expense	Amount	Purchase Order Number
Activity Fee	\$ _____	_____
Substitute Pay @ \$85 per day	\$ _____	_____
Mileage <i>Round trip miles x \$0.43</i>	\$ _____	_____
Lodging	\$ _____	_____
Meals <i>\$10/Day x Total Days</i>	\$ _____	_____
Other Expenses	\$ _____	_____
Total estimated amount	\$ _____	_____

Note: Request reimbursement of actual expenses and attach receipts after the activity has been attended.

Building Representative Signature	Building Representative Signature
Building Principal Signature	Superintendent Signature

Professional Development Committee Representatives

Elementary: Megan Ringen, Shawna Thompson, and Paige Farmer

Middle School: Carly Ewing and Amy Fennewald

High School – Sally Burnett and Stephanie Stewart

Upon approval, attach PO's to original. Include the Absence Request Form if you will be absent during school time.