

## Q-Comp Professional Development Request Form

Q-Comp Professional Development Code: 01-005-605-000-335-\_\_\_\_\_

Today's Date: \_\_\_\_\_ Date of Experience: \_\_\_\_\_

Professional Development Request: \_\_\_\_\_

Participants: \_\_\_\_\_

### Registration Request (Attach all registration information to this form)

Do you need the District Office to register you? \_\_\_\_\_

Registration Deadline: \_\_\_\_\_

Location of Experience/Workshop: \_\_\_\_\_

Registration fee: \$\_\_\_\_\_

### Substitute Request

Do you need a sub? \_\_\_\_\_

If yes, for how long (½ day, full day, 1 period)? \_\_\_\_\_

Estimate cost of substitute: \$\_\_\_\_\_ (\$120.90 a day)

### Other Expenses Request (must submit receipts/timesheet/mileage documentation)

Timecard hours: \_\_\_\_\_ hours      Transportation \_\_\_\_\_ miles

Meals: \$\_\_\_\_\_

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

PLAT Chairperson: \_\_\_\_\_ Date: \_\_\_\_\_

Superintendent: \_\_\_\_\_ Date: \_\_\_\_\_

### **District Office Use Only:**

Substitutes:            \$\_\_\_\_\_            Timecard hours:            \$\_\_\_\_\_

Transportation:        \$\_\_\_\_\_            Meals:                        \$\_\_\_\_\_

Lodging:                \$\_\_\_\_\_            Other:                        \$\_\_\_\_\_

**Professional Development Request Details:**

Participants (include name of anyone needing registration and/or a sub): \_\_\_\_\_

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Curriculum Area: \_\_\_\_\_ Department or grade level: \_\_\_\_\_

Building Goal Alignment: How does this support your building goal?

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How does this align with your SLG/PGP?

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How will this experience support student achievement?

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