



PROFESSIONAL DEVELOPMENT REQUEST FORM

Category (check one): [] Administrator [] Teacher [] Other _____

School (check one): [] BES [] MES [] WMS [] NHS [] Other _____

Name: _____ Date: _____

Name and address of conference/activity (attach copy of registration form and conference information):

Date(s) of Conference/Activity: _____ Number of Days Requested: _____

Rationale - Based on district/building/professional goals (include any data used to identify this need):

Indicate anticipated improvement in student learning and method of assessment:

Registration: Cost \$ _____ [] Will register myself [] Request to be registered by district

Estimate of other reimbursable expenses: Travel (miles _____)
Lodging _____
Meals _____
Other (itemize) _____
Total Estimated Expenses (encumbered) \$ _____

Request payment to be made by: [] Self [] Department [] School [] District

Applicant Signature: _____ Date: _____

Supervisor Action: [] Day Approved [] Payment Approved [] Denied (provide reasons separately)

Supervisor Signature: _____ Date: _____
(Submit form to your immediate supervisor for initial approval before subsequent approval by Central Office)

Central Office Action: [] Day Approved [] Payment Approved [] Denied (provide reasons separately)
By: [] Superintendent [] Director of Teaching and Learning [] Director of Student Services

Signature: _____ Date: _____