

SDC PROPOSAL FORM

(PINK)

I	NAME:	DATE:
	School:	Credential Expiration:

II	SIGNATURES	
	Signature of Person Requesting Approval	
	Signature of Supervisor/Dept. Chair (if applicable)	
	Signature of Principal/Asst Principal	

IMPORTANT: PROPOSALS FOR NON-COLLEGE CREDITS, FUNDING, AND/OR DAYS AWAY FROM SCHOOL MUST BE APPROVED IN ADVANCE.

III	Type of Activity:	
	NAME of ACTIVITY:	
	Location	
	Date(s)	Evaluation Due
	# hours requested	# credits requested
	# non-college credits	
	Description of Activity	
	_____ ck here if material is attached	
	Hours are to be applied to my _____ endorsement.	
	Enter the number of hours below:	
Apply _____ hours to the 30 hours required in Area 1 (content) <i>N.B. 30 additional hours are needed for <u>each</u> area of endorsement.</i>		
Apply _____ hours to the 45 hours required in Area 2 (district/school goals)		

IV	RELATIONSHIP TO PROFESSIONAL GROWTH PLAN	
	All SDC approved activities must be tied to personal, building, or district goals. State the number # of the goal (1=personal, 2=building, 3=district) _____ Related goal is highlighted and attached.	

V	EXPENSE INFORMATION		
	I am requesting:	\$ _____	Registration/Tuition
		\$ _____	Meals (\$14B, \$15L, \$27D)
		\$ _____	Lodging
	TO CONF	\$ _____	Travel(current federal rate)x_____ miles (Attach Mapquest-HOME to CONF)
	1/2021 per mile is .56		
	Deduct usual mileage	\$-	Usual home to work travel (Attach mapquest)
	Total allowed	\$ _____	Difference of Conf and Work travel
		\$ _____	Other
		\$ _____	Total
If requesting forward/advanced funding for Enrichment/sabbaticals, see reverse			
I have attached a PO	_____ Yes	_____ to me _____ to vendor	
	_____ No funds left, Please record for EOY xtra funds		
A PO request MUST be attached if you are requesting funds.			

Clerk	_____ SDC	_____ Excel	Request# _____	_____ pdf SAU
	Date PO processed _____		PO # _____	

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V cont.	EXPENSE INFORMATION, <i>continued</i>			
	<i>Advanced Funding</i>			
	I request a reimbursement of \$ _____ (up to 2/3 of Total but not more than \$100) to enable me to participate in this activity. If I fail to complete the activity and its evaluation, I will reimburse this amount to SDC within 30 days.			
	<i>Forward Funding</i>			
	For expenses above \$30 payable to an outside agency, SDC can make a direct payment if the agency sends an invoice. I request that SDC send \$ _____ direct payment to _____ . If I fail to complete the activity and its evaluation, I will reimburse this amount to SDC within 30 days. (Include appropriate billing information.)			

VI	Submit this proposal to building SDC mailbox.
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VII	SDC USE				
	Building SDC Action Date:				
	Approved	Hours	Credits	Funds*	Sub(s)
	Denied				
	Central SDC Action				
	Non-college Credits	Number	Approved	Denied	Date
	Appeal	Approved	Denied	Date	

**Funding approved up to available amount for each individual. See below.*

VIII	BUILDING SDS SECRETARY USE--section not used	
	PGP on file	Funds available \$
	Date	PO or Expense Report submitted \$

IX	Professional Development Activities	
	1. Courses: Graduate, Undergraduate, Non-College, Audited	10. Professional Development Presentations(20hrs)
	2. Workshops, Institutes, Seminars, Conferences, In-Service Training, Symposia, etc.	11. Curriculum/Program Development and/or Implementation (20 hrs)
	3. Critical Friends/Study Groups (40 hrs)	12. School to Career Partnerships (20 hrs)
	4. Research (30 hrs)	13. Observations/Visitations (20 hrs)
	5. Publishing Professional Articles (30 hrs)	14. Community Service (20 hrs)
	6. Committee Work (30 hrs)	15. Involvement in Professional Associations or Networks (10 hrs)
	7. Mentoring (30 hrs)	16. Travel (10 hrs)
	8. Peer Coaching (30 hrs)	17. Alternative Track (45 hrs/3 cr)
	9. Independent Study/Professional Reading (20 hrs)	18. Multi-Day Teacher-Led Trips (40 hours for 2 trips; 30 hours for 1 trip)

N.B. Hours shown are maximums allowed for each three-year cycle.

FORM APPROVED AT SEPT 2018 MEETING
REPLACES ALL OTHER FORMS
Mileage updated to reflect mileage rate 1/12/21