**SDC PROPOSAL FORM**

### I

<table>
<thead>
<tr>
<th>NAME:</th>
<th>DATE:</th>
</tr>
</thead>
<tbody>
<tr>
<td>School:</td>
<td>Credential Expiration:</td>
</tr>
</tbody>
</table>

### II

**SIGNATURES**

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

### III

**NAME of ACTIVITY:**

<table>
<thead>
<tr>
<th>Location</th>
<th>Date(s)</th>
<th>Evaluation Due</th>
</tr>
</thead>
<tbody>
<tr>
<td># hours requested</td>
<td># credits requested</td>
<td># non-college credits</td>
</tr>
</tbody>
</table>

**Description of Activity**

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**Type of Activity:**

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**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)

N.B. 30 additional hours are needed for each area of endorsement.

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.

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### 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

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- Usual home to work travel (Attach mapquest)

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- Total allowed

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- Difference of Conf and Work travel

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- Other

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- Total

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| If requesting forward/advanced funding for Enrichment/sabbaticals, see reverse |
| I have attached a PO | Yes | to me | to vendor |

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| No funds left, Please record for EoY xtra funds |
| A PO request MUST be attached if you are requesting funds. |

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Clerk

- _______ SDC
- _______ Excel
- Request#___________
- _______ pdf SAU

Date PO processed | PO # |
SDC PROPOSAL FORM

V cont.  EXPENSE INFORMATION, continued

Advanced Funding
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.

Forward Funding
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.

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

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
2. Workshops, Institutes, Seminars, Conferences, In-Service Training, Symposia, etc.
3. Critical Friends/Study Groups (40 hrs)
4. Research (30 hrs)
5. Publishing Professional Articles (30 hrs)
6. Committee Work (30 hrs)
7. Mentoring (30 hrs)
8. Peer Coaching (30 hrs)
9. Independent Study/Professional Reading (20 hrs)
10. Professional Development Presentations (20 hrs)
11. Curriculum/Program Development and/or Implementation (20 hrs)
12. School to Career Partnerships (20 hrs)
13. Observations/Visitations (20 hrs)
14. Community Service (20 hrs)
15. Involvement in Professional Associations or Networks (10 hrs)
16. Travel (10 hrs)
17. Alternative Track (45 hrs/3 cr)
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