

## Professional Development Form

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Professional Development Event Title: \_\_\_\_\_

Location of Event \_\_\_\_\_

Start Date of Event: \_\_\_\_\_ End Date of Event: \_\_\_\_\_

Number of days you will be gone including travel time: \_\_\_\_\_

How does the professional development relate to the District's curriculum and goals?

How will you implement this into your work?

What other advantages will the district receive from your attendance at this event?

Approve \_\_\_\_\_ Disapprove \_\_\_\_\_

Supervisor's signature \_\_\_\_\_

Building Principal signature \_\_\_\_\_

Superintendent's signature \_\_\_\_\_

## Budget Estimate

Cost of Event: \$ \_\_\_\_\_

Is lunch included? \_\_\_\_\_

Hotel Room \$ \_\_\_\_\_

Is breakfast included? \_\_\_\_\_

Fuel \$ \_\_\_\_\_

Food \$ \_\_\_\_\_

Total Cost: \$ \_\_\_\_\_

- Don't forget to reserve the district van or car
- Arrange for a substitute/or fill out leave slip
- Get credit card for hotel/fuel expenses
- Make PO's for your expenses, bring back room and fuel receipts
- Save your **itemized receipts** for meal reimbursement (**overnight trips only**;  
reimbursement rates: breakfast \$8.00; lunch \$10.00; dinner \$15.00)

Please return approved copies to:

- Staff requesting professional development
- Lisa