

# Piper USD 203 Professional Activity Request Form

This form must be **completed and submitted electronically**, via email, to your building administrator in advance of participation in professional activities or professional leave requiring use of district or building funds

1. Request must be completed at least TEN (10) days in advance of the activity.
2. Employee requesting activity must review the TRAVEL/REIMBURSEMENT PROCEDURES.
3. Registration forms are not to be submitted or mailed until approval of the activity has been made at all levels.
4. Registration forms are to be completed and ONLY sent to the building administrator.
5. The administrator acts upon the request. The form is then sent to the Assistant Superintendent.
6. The Assistant Superintendent acts upon the request then forwards the request to the Director of Business and Operations for final approval.
7. The Business Office retains the original copy of the form and returns a copy to the Assistant Superintendent, Director of HR, and building administrator. The building administrator will send a copy to the applicant.
8. If approved, participant completes a requisition for registration and follows the process for professional leave approval/securing a substitute as needed. The approved form must accompany the requisition.
9. Request for personal reimbursement (if applicable) is to be submitted upon your return through the usual process to the Business Dept. A copy of the approved form must accompany the reimbursement.

**Employee Name:** \_\_\_\_\_

**Building/Department:** \_\_\_\_\_

**Name of Convention/Meeting:** \_\_\_\_\_

**Location of Meeting** \_\_\_\_\_

**Date(s) of Activity: From:** \_\_\_\_\_

**To:** \_\_\_\_\_

**Are you on the program?** \_\_\_\_\_

Yes No

**Member of the Organization?** \_\_\_\_\_

Yes No

*If part of an organization or group, please list others in the district or surrounding area going:*

**Work Days Sub Needed: From:** \_\_\_\_\_

**To:** \_\_\_\_\_

**Total Days:** \_\_\_\_\_

**Individual Estimated Costs:**

Registration Fee: \_\_\_\_\_

Lodging: \_\_\_\_\_

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

Travel (must use District vehicle if driving): \_\_\_\_\_

Other (Teacher Sub cost \$120/day, etc): \_\_\_\_\_

Total: \_\_\_\_\_

**Actual Costs (Office Use Only):**

Registration Fee: \_\_\_\_\_

Lodging: \_\_\_\_\_

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

Travel: \_\_\_\_\_

Other: \_\_\_\_\_

Total: \_\_\_\_\_

**How will this workshop relate to the district or school improvement goals?** \_\_\_\_\_

*Please read this form in its entirety before submitting to your administrator. I understand that I am responsible for obtaining any and all detailed receipts pertaining to this event. Failure for me to provide such receipts will make me personally responsible for payment.*

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Supported by Building Administrator:** \_\_\_\_\_

Yes No

**What funds will be used to pay for the professional development?** \_\_\_\_\_

Building Funds

District PD Funds

**Administrator Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

*Administrators: After completing this portion of the form electronically, forward the form via email attachment to Assistant Superintendent John Nguyen for final decision.*

## FOR OFFICE USE ONLY

Approved: \_\_\_\_\_ Denied: \_\_\_\_\_

Assistant Superintendent Signature: \_\_\_\_\_ Date: \_\_\_\_\_