

Request for Professional Development Activity Approval

Name: _____ Building: ES MS HS

Date of request: _____ Location of Activity: _____
(Make requests as early as possible.)

Activity Title: _____ Special Discipline focus: _____

Date(s) of Activity: _____ Time: _____

CSIP Goal(s) Addressed: _____

How will information be shared with colleagues?

| Expense | Amount | Purchase Order Number |
|---|--------|-----------------------|
| Activity Fee | \$ | |
| Substitute Pay @ \$110 per day | \$ | |
| Mileage <i>Round trip miles x \$0.55</i> | \$ | |
| Lodging | \$ | |
| Meals <i>\$10/Day x Total Days</i> | \$ | |
| Other Expenses | \$ | |
| Total estimated amount | \$ | |

Note: Request reimbursement of actual expenses and attach receipts after the activity has been attended.

| | |
|-----------------------------------|-----------------------------------|
| Building Representative Signature | Building Representative Signature |
| Building Principal Signature | Superintendent Signature |

Professional Development Committee Representatives

Elementary: Trina Davidson, Tracy Taylor & Carrie Christy

Middle School: Amy Fennewald, Dustin Orton & Tobi Chambers

High School – Tonya Mallinson & Miranda Langston

Upon approval, attach PO's to original. Include the Absence Request Form if you will be absent during school time.