

STAFF DEVELOPMENT APPLICATION FORM

Applicant's Name	School
Grade Level/Subject Teaching	
Name of Professional Meeting	
Location of Professional Meeting	Date(s)
Applicant's Signature	Date SSN
NOTE TO APPLICANT: Upon return, you will need to submit a travel reimbursement form for expenses which were not prepaid. This request must be made within 30 days of travel date(s).	
TO BE COMPLETED BY APPLICANT Check Appropriately the Responsibility	TO BE COMPLETED BY PRINCIPAL OR DIRECTOR
Applicant FCS Pays Amount will pay# Registration	Check source of funding: Central Office School staff development Other Staff development Expense Account Code
days x per day Meals	Expense Account Code Fund Source for Substitute Substitute Account Code
Estimated miles per mile x per mile Other Contemporal for the formula formula for the formula for the formula formula for the formul	Principal's Approval Date Authorization of Payment: (Principal or Director) Date
Estimate substitute pay if one is required. Use the highest rate of daily pay for a substitute to estimate. # of dayx \$ = social security matching of 7.65% +	If the registration and/or hotel expense(s) exceed the state allotted amount, this form must be signed below by the superintendent or a designee.
TOTAL COST OF SUBSTITUTE = Date TO BE COMPLETED BY CENTRAL OFFICE Name of Substitute	

Date(s) of Substitute Work _____