

# Staff Development Request Form

## Park Rapids Area Schools

(one person per request form)

Name \_\_\_\_\_ Today's date \_\_\_\_\_  
(mm/dd/yy)

Request For \_\_\_\_\_ Attendance at workshop or conference  
 \_\_\_\_\_ Other \_\_\_\_\_

Title of staff development activity: \_\_\_\_\_

Date(s) requested activity: \_\_\_\_\_

Location: \_\_\_\_\_

Others attending: \_\_\_\_\_

Description and relation to district and/ or building staff development goals: \_\_\_\_\_

Requested costs to be paid by the school district:

(Reimbursement will not exceed amount requested)

Substitute Pay: \_\_\_\_\_ Days @ \_\_\_\_\_ per day \_\_\_\_\_

Registration: (Attach completed registration form.) \_\_\_\_\_

Mileage: \_\_\_\_\_ Miles @ \_\_\_\_\_ per mile \_\_\_\_\_

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

Per diem (non-workshop): \_\_\_\_\_

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

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

Staff Development Committee Action: \_\_\_\_\_ Approved \_\_\_\_\_ Denied

(Approved building requests signature of Chairperson/ site based team member, Principal and Superintendent)

(Approved district requests required signature of Principal, Superintendent and Committee Chair.)

The above requested staff development activity has been approved by our staff development committee and has been approved or funding. The staff development activity is in support of district staff development goals

\_\_\_\_\_  
 Committee Chairperson or  
 Site Chairperson

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

\_\_\_\_\_  
 Superintendent

**Source of funding: Check one**

District Staff Development _____	Building Staff Development _____
Title _____	Elementary School _____
Other _____	Middle School _____
	High School _____

Code: E 01 \_\_\_\_\_