

Hancock County Public Schools

PROFESSIONAL DEVELOPMENT/PROFESSIONAL MEETING APPROVAL FORM

Please complete your form electronically and forward to the principal. If there is any doubt if you need a sub or not – be sure to check with your principal and make sure it is appropriately marked on your form. You must complete the Budget portion of the form to designate the proper fund(s) that will be paying for any necessary line items. The principal will pre-approve and e-mail the form back to you. Enter Aesop to create your PD absence and upload the pre-approved form as a Word .doc. Once the principal has clicked the button in Aesop for their approval, the director of professional development will approve the absence in the system to allow Aesop to find your sub. Once a sub is secured they will be working that absence. Once the form is approved by all parties, a copy will be e-mailed to payroll for accounting purposes and re-uploaded to Aesop. **Thank you!**

Name: _____

Date of Request: _____

Workshop Title: _____

 Workshop Type: ☐ Professional Development/Learning
☐ Professional Day (meeting/field trip/other)

Dates of Workshop: _____

Location: _____

Reason for Wanting to Attend: _____

	FUNDING SOURCE(S)					
(REQUIRED) Please present an <u>estimated budget with funding source(s)</u> before your request can be considered: Expenses (to be turned in monthly):	Di str ict Ge ner al Fu nd	Ti tl e 2	Sc h oo l Ti tl e I	Sc h oo l S B D M	Other School Fund (*specify below) * _____	Other Fund (*specify below) * _____
Mileage roundtrip # of miles _____ x _____ cents (Only if there is no board vehicle available for transportation.) \$ _____	☐	☐	☐	☐	☐	☐
Other Parking/Transportation Cost \$ _____	☐	☐	☐	☐	☐	☐
Cost of Food: # of days ____ x \$40.00 (Must have hotel receipt for reimbursement.) \$ _____	☐	☐	☐	☐	☐	☐
Cost of Lodging: # of days ____ x Room Cost \$ _____ \$ _____	☐	☐	☐	☐	☐	☐
Registration fees for event \$ _____ \$ _____	☐	☐	☐	☐	☐	☐
Stipend (beyond contracted time) \$ _____	☐	☐	☐	☐	☐	☐
Teacher Substitute (Max. sub salary is \$155/day) \$ _____	☐	☐	☐	☐	☐	☐
Other Expense (specify) _____ \$ _____	☐	☐	☐	☐	☐	☐
Other Expense (specify) _____ \$ _____	☐	☐	☐	☐	☐	☐
Total projected individual budget for this request: \$ _____	Mark the appropriate funds above.					

I am requesting a teacher substitute. ☐ YES ☐ NOI am requesting professional development credit for attending this training. ☐ YES ☐ NOI agree to conduct a workshop and/or share knowledge with other teachers in the district upon return. ☐ YES ☐ NOPrincipal Approved Workshop Request: ☐ YES ☐ NONot Approved:Principal Approved Substitute Request: ☐ YES ☐ NO

Principal Signature _____

Date _____

Principal Signature _____

Date _____

Approved:Not Approved:

Director of Professional Development/

Date _____

Superintendent Designee Signature _____

Director of Professional Development/

Date _____

Superintendent Designee Signature _____

