

Columbia Heights Public Schools  
**Out of State Staff Development Activity Request**

Requested by: _____	Today's Date _____
School _____	Subject/Grade taught _____

Date of proposed activities: from (date) \_\_ \_\_ to (date) \_\_\_\_ \_\_\_\_

Activity: \_\_\_\_\_

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

Purpose: \_\_\_\_\_

Does this activity meet Building Level Staff Development criteria for out of state travel? \_\_\_\_yes \_\_\_\_no

How does this activity tie to Building Level Staff Development Goals? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

<b>Out of State activity costs:</b> Cost of registration _____ + Reserve teacher cost _____ + Mileage/travel cost _____ + *other _____ = TOTAL COST _____ *Other costs (please specify): _____ <u>Funding Source</u> <input type="checkbox"/> Staff Development <input type="checkbox"/> Other _____
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<input type="checkbox"/> Approved <input type="checkbox"/> Denied	
_____ Building Level Staff Development Chair Signature	_____ Date
_____ Building Principal's Signature	_____ Date
Reason for denial:	

<input type="checkbox"/> Approved <input type="checkbox"/> Denied	
_____ Superintendent Signature	_____ Date