

# Request for Professional Development Activity Approval

Name: \_\_\_\_\_ Building  ES  MS  HS

Location of Activity: \_\_\_\_\_

Date of request: \_\_\_\_\_  
*(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 Round trip miles x \$0.55	\$ _____	_____
Lodging	\$ _____	_____
Meals \$10/Day x Total Days	\$ _____	_____
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, Jocelyn Rowan, & Cindy Gassen  
 Middle School: Amy Fennewald, Dustin Orton & Tobi Chambers  
 High School: Tonya Mallinson, Audrey Stever, & Eimile Lewis*

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