PROFESSIONAL DEVELOPMENT REQUEST
PRE-APPROVAL FORM

Employee Information
Name:
Teaching Assignment:
Grade Level Assignment:
Licensure/Certification Area:
Professional Development Opportunity Details
Date(s) of Professional Development Activity:
Title of Professional Development:
I am seeking the following (check all that apply): ☐ Pre-approval for LPDC purposes ☐ Pre-approval for Tuition Reimbursement
What type of activity is this? ☐ Accredited College/University Course ☐ For College Credit ☐ For LPDC Hours ☐ Conference (If approved see Expenses on back) ☐ Self Directed Peer Observation ☐ Publication of an Original Work ☐ Grant Writing ☐ Professional Reading/Book Study/Research ☐ Other, not listed above: (Specify)
Description of PD or Course Description (attach copy from academic catalog):
This activity enhances my professional growth by:
This activity will impact student learning by:
Estimated Number of Contact Hours (not a college course):
College or University:
Course Title:
Hours: Quarter Hours Semester Hours
Course Beginning Date: Course Ending Date:
In order to receive tuition reimbursement, the following must be met: * Coursework must be through accredited college or university. * Coursework must be taken in the field of education, or related to your field of certification * Reimbursement may be for up to 8 semester hours or 12 quarter hours.
Teacher's Signature: Todays Date:
☐ Approved by LPDC ☐ Denied by LPDC Signature of LPDC: Date:
☐ Approve tuition reimbursement ☐ Deny tuition reimbursement Signature of Superintendent: Date:

Time Log

Date	Beg. Time	End Time	Total Time		Date	Beg. Time	End Time	Total Time

Total Hours: _____

ESTIMATE OF EXPENSES: ** ALL ANTICIPATED EXPENSES SHOULD BE LISTED**

Number of Miles _____

Estimat For LPDC Hours _____

Registration Fee _____

Hotel/Motel Expenses _____

Parking Expenses _____

Meals up to $35/day starting on Day #2 _____

Substitute @ $120/day _____

Other, etc. (list) _____

Total Estimated Expenses _____

FUND CODE: _____

_____ _____ _____

Employee Printed Name | Employee Signature | Date

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FOR OFFICE USE ONLY:

_____ _____ Approve _____ Deny _____

Curriculum Coordinator | Date

_____ _____ Approve _____ Deny _____

Athletic Director | Date

_____ _____ Approve _____ Deny _____

Principal | Date

_____ _____ Approve _____ Deny _____

Superintendent | Date