

**Union County Educational Services Commission  
PROFESSIONAL DEVELOPMENT REQUEST**

Date Submitted: \_\_\_\_\_

***MUST HAVE BOARD APPROVAL PRIOR TO ATTENDING THE SEMINAR/TRAINING  
MUST BE SUBMITTED NO LATER THAN ONE WEEK BEFORE THE BOARD MEETING***

Employee's Name \_\_\_\_\_ School/Program \_\_\_\_\_

Position \_\_\_\_\_ (If teacher, grade and subject)

Day and Date of Professional Development Activity \_\_\_\_\_

Location \_\_\_\_\_

Title of Conference/Training \_\_\_\_\_

*Please attach copy of brochure/description which includes dates and cost*

**Mileage Reimbursement: (.47 cents per mile)**

**Please select which applies:**

<input type="checkbox"/> <b>Driving to/from Home to Event:</b> Home address: _____ Mileage home to work _____ x 2 = _____ (A) = Round-trip Mileage from home to event: _____ + Mileage from event to home: _____ = Total _____ (B) _____ (B) - _____ (A) = _____ x .47 = \$ _____ (Mileage Reimbursement)
<input type="checkbox"/> <b>Driving to/from School to Event:</b> Mileage from school to event: _____ + Mileage from event to school: _____ = Total: _____ (B) _____ (B) x .47 = \$ _____ (Mileage Reimbursement)

Cost of Professional Development Activity: \$ \_\_\_\_\_

**Reimbursement:** \$ \_\_\_\_\_

**Mileage Reimbursement:** \$ \_\_\_\_\_

**(Please see page 28 item A. of UCESC/WEA Agreement)**

Rationale for request (How it relates to your PIP or work at the Commission)

Employee will pay for registration and be reimbursed by school district unless otherwise instructed. Submit requisition to Accounts Payable according to guidelines.

APPROVAL:

\_\_\_\_\_  
Supervisor

\_\_\_\_\_  
Superintendent

Office Use Only: Approved by the UCESC Board on: \_\_\_\_\_

Copy of approved request forwarded to employee on: \_\_\_\_\_