



# WCUUSD PROFESSIONAL DEVELOPMENT REQUEST 2025-2026

*Courses, Conferences, Workshops*

Administrative pre-approval is required for professional development. Courses for graduate credit require additional approval by the Superintendent and must be taken at an accredited, post-secondary institution. Books, materials, mileage, lodging, lab fees, comprehensive fees, registration fees, etc. are not eligible for payment with a graduate course. Prior to registration, please submit this form to the designated building representative (principal/professional development coordinator/special services director), along with a completed leave form, completed registration form, and a brochure or material detailing fees and course/workshop description.

## FACULTY/STAFF INFORMATION

Name: \_\_\_\_\_ Today's date: \_\_\_\_\_

School/Dept: \_\_\_\_\_ FTE: \_\_\_\_\_  Faculty  ESP  Administrator

## PROFESSIONAL DEVELOPMENT INFORMATION

Course/workshop title: \_\_\_\_\_

College/institution: \_\_\_\_\_ Date(s) of course/workshop: \_\_\_\_\_

Graduate credit(s) \_\_\_\_\_ Clock hours \_\_\_\_\_ Substitute needed?  No  Yes – *Create Absence via AESOP*

Technology or products acquired?  Yes\*  No \*If yes, please describe: \_\_\_\_\_

How does this professional development activity strengthen your work in your field? (please use back, if necessary)  
\_\_\_\_\_  
\_\_\_\_\_

## EXPENSES

Conference registration fee: \_\_\_\_\_ \$ \_\_\_\_\_

Overnight conferences: Lodging, travel, and meals (\$175/day maximum)\* \_\_\_\_\_ \$ \_\_\_\_\_

Day conferences: Travel and meals (\$45/day maximum)\* \_\_\_\_\_ \$ \_\_\_\_\_

\*Travel reimbursement requires applicant to submit a *Travel & Expense Reimbursement* form along with original, itemized receipts within 60 days of completion of the conference/workshop.

Graduate course registration: \_\_\_\_\_ Credit fee: \_\_\_\_\_ (Do not include registration fees, books, etc.) \$ \_\_\_\_\_

## ACKNOWLEDGEMENT

By signing below, I agree to the terms of Article 10.2 of the teacher's agreement to reimburse the school district if I do not receive a grade of B or better, or fail to complete the course for any reason - Educational Support Staff per article 9.9 of the ESP agreement. I further understand that materials and/or equipment received and paid for by the school district are the property of WCUUSD, (10.2.c):

\_\_\_\_\_  
Signature Date

## ADMINISTRATIVE USE

2025 / 2026 Funds available (1.00 FTE = \$4,152.00, faculty; \$1,160.00, ESP) \$ \_\_\_\_\_

Eligible for reimbursement \$ \_\_\_\_\_

Total number of credits taken this fiscal year (not including this course): \_\_\_\_\_

Total number of school days taken this school year (not including this course): \_\_\_\_\_

\_\_\_\_\_  
Principal Date  Approved  Not Approved

\_\_\_\_\_  
Superintendent Date  Approved  Not Approved

Comment: \_\_\_\_\_ AESOP Leave/Absence Created: \_\_\_\_\_

Copy to Technology, if applicable:  Special Programs & Services approval:  Purchase order(s): \_\_\_\_\_

