

Mt Gilead Professional Development Request Form

Section A: Employee Request

Name: _____ Date Submitting Form: _____

Title of the activity: _____ Date(s) of activity: _____

Location:

- Virtual
- In Person

Will you need a substitute:

- Yes
- No

Registration Cost: \$ _____

Will you need reimbursement for:

- Registration
- Mileage
- Meals
- Hotel (\$80 max per night)

Employee signature _____

Attach a copy of your registration or event flyer and forward to your principal for approval.

Section B: Approvals

Review and approve based on appropriateness, cost, and scheduling of training.

- Approved
- Denied

If denied, Principals please provide an explanation & return form to staff member, otherwise send to Sup.

Principal signature: _____ Date _____

Superintendent signature: _____ Date _____ *(Give to Teri for scan back to staff)*

ATTN: If registration is paid ahead by MG, send the form to Emily Ross for PO req after approval. For Reimbursement after PD submit all receipts, and maps for mileage, with a copy of this form.

Central Office Internal Use Only:

Payment type:

- Check
- PO
- Credit Card

Completed by: _____ Date _____