Staff Development

# WORKSHOP ATTENDANCE APPROVAL FORM

## Hawley Public Schools: ISD #150

HAWLEY PUBLIC SCHOOLS

Name

Date Submitted

Workshop Title

Workshop Location

Workshop Date (s)

Signature of Applicant

Approved by Staff Development Chair

Date:

Approved by Principal:

Date:

Approved by Superintendent:

Date:

## WORKSHOP COSTS

| | | | | Estimate: | Actual: | Office Only: |
|---|---|---|---|---|---|---|
| Registration: | | | = $ | | | |
| Travel: ☐ School Car | | Miles at IRS Rate of | = $ | | | |
| ☐ Personal Car | | Miles at IRS Rate of | = $ | | | |
| ☐ Other (Specify): | | | = $ | | | |
| Meals (actual): | | | | | | |
| Date: | Breakfast $: | Lunch $: | Dinner $: | | | |
| Date: | Breakfast $: | Lunch $: | Dinner $: | | | |
| Date: | Breakfast $: | Lunch $: | Dinner $: | | | |
| Lodging: | | | | | | |
| Substitute Cost: | | | | | | |
| Daily/Hour Rate of Pay: | | | | | | |
| Other (specify): | | | | | | |
| **TOTAL EXPENSE:** | | | | | | |

*FINAL APPROVAL OF EXPENSE BY STAFF DEVELOPMENT CHAIR:*

☐ District Staff Development Funds

☐ High School Staff Development Funds

☐ Other:

☐ Best Practice Staff Development Funds

☐ Elementary Staff Development Funds