Request for Professional Participation

Name _____ School_____ Date _____

Principal( ) Asst. Prin.( ) Teacher( ) Parapro( ) Other_____

Name of Professional Development _____

Date(s) of PD_____ Location of PD _____

How will this activity relate to your School Improvement Plan?

_____

How will this activity relate to your Professional Development Plan? _____

_____

Will a stipend be awarded? **YES ( )** **NO ( )** If **YES**, how much? **$**

Cost Breakdown (Please enter cost for each item listed below.)	Item Amount
Registration Fee	$
Travel Expense (.625 per mile) (Rate subject to change)	$
Lodging	$
Meals (if applicable, not to exceed $50 per day)	$
Substitute (if applicable, $70 per day)	$
Total	$

- An expense form **MUST** be submitted within **10 DAYS** after completing the professional learning activity to receive reimbursement.
- **THIS APPLICATION CAN NOT BE USED TO VERIFY PLU'S**.
- I agree to share this experience with colleagues when I return.

Self-Pay( )	***Local School Funds will Pay( )***	***Request payment from County Office( )***
Applicant Signature		Date

Approved ( ) ➢ ***Principal, if approved, forward to Robert Beach***	**Not Approved ( )** ➢ ***Reason***
Principal (or designee) Signature	Date

Approved ( )	**Not Approved ( )**	➢ ***Reason***
Coordinator Signature		Date

LeaveCode _____ **Fund Name/Number** _____

Revised 10/02/2025