



Yazoo County School District Professional Development Form

(ATTENTION PLEASE NOTE: Include ALL Needed Requisitions with Professional Leave Forms.)

Participant Information:

Name: _____ Location: _____ Email: _____@yazoo12.org

Position: _____ Date of Request: _____

Conference/Workshop Information:

Complete Name of Conference or Workshop: _____
(No Acronyms)

Site of Conference or Workshop: _____

Address of Site: _____

Beginning Date: _____ Ending Date: _____ Starting Time: _____ Ending Time : _____

Registration Needed: ____ NO ____ YES **A copy of the conference agenda must be attached.

COST

Registration	Vendor Name:					Registration amount:
	Vendor Payment Address:					
	Vendor Telephone #		Vendor Fax#		Membership dues:	
Hotel	Name					
	Check-in Date:		Check-out Date:		Telephone	Rooming with another person (last name):
	Address				Fax	
	Cost per Night: VARIOUS	# of Nights:	Subtotal:	20% Tax	Resort Fee:	Total:

Reimbursable Expenses	Airline Name		\$	
	Meals	Meals Rates: https://www.gsa.gov/travel/plan-book/per-diem-rates Daily Rate: <u>\$68</u> X # <u> </u> of days, including days you leave and return:		\$
	Mileage	# of miles <u> </u> est X <u>\$0.725</u> per mile (01.26 – current)	MUST include Google Map and attach with this form.	\$
		Shuttle, Rideshare, or Taxi	Must include receipt(s)	\$
	Miscellaneous	Checked luggage (1 bag/flight) Standard is \$40/bag each way		\$
		Transportation tips (shuttle-up to \$5/ride, taxi-up to 20% of total fare)		\$
		Bellman tips-\$1-2/bag is acceptable		\$
		Parking (hotel and/or airport) Airport parking is limited to Economy Parking cost		\$
	Reimbursable Expenses Subtotal			\$
	Total Expenses Requested			\$



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1. Explain how the focus of this workshop/conference is aligned with your school's or the district's ongoing PD plan:

2. Explain your plan for sharing information gathered at this conference with your colleagues and provide a proposed date. Follow-up documentation should be submitted to your administrator within 6 weeks of returning from the workshop/conference. Documentation should be filed in your school's Federal Program/Title Documentation.

Please INITIAL to verify your agreement:

I understand I will be responsible for any non-refundable travel expenditures paid by YCSD if I do not attend or if I cancel any part of my reservations. Cases of family or medical emergencies are excused with proper documentation. _____

If I am unable to attend, I understand it is my responsibility to contact the YCSD Federal Programs department as soon as possible PRIOR to the conference. _____

This activity is not required by federal, state, or local laws. _____

Participation in the activity was not previously funded by non-federal monies. _____

Signature of Attendee/Date

Signature of Principal/Date

CENTRAL OFFICE USE ONLY:

Date of Receipt: _____

APPROVED

OR

DISAPPROVED

Signature of Assistant Superintendent/Date

Signature of Federal Programs/SPED Director/Athletic/Safety Director /Date

Signature of District/CFO/Date

UPON RETURN COMPLETE THE PROFESSIONAL DEVELOPMENT EVALUATION AND IMPLEMENTATION FORM WHICH IS LOCATED ON YAZOOK12.ORG ON THE EMPLOYEE HOMEPAGE.