

O'FALLON TOWNSHIP HIGH SCHOOL DISTRICT 203
PROFESSIONAL DEVELOPMENT REQUEST FORM 2026-2027

Employee Name: Today's Date:

Event / Activity Name:

Location: Event Date(s):

Other OTHS Employees Attending:

Professional Value Of Activity: (Describe the general purpose of the event / activity and your reason for attending.)

Departure Date: Time: Return Date: Time:
*include am or pm *include am or pm

Substitute Needed? NO ☐ YES ☐ *If YES, List Dates or Hours Needed

**ATTACH SUPPORTING DOCUMENTATION TO THIS REQUEST
INCLUDING EVENT INFORMATION AND EXPENSE ESTIMATES.**

ESTIMATED EXPENSES

Registration: ☐ I will submit my own registration payment and seek reimbursement.
☐ The district can mail payment or pay online. Completed registration form attached.
Registration Cost:

Transportation: You may drive yourself. If district vehicles are not available, you may seek mileage reimbursement.

☐ I will drive a school vehicle. (The district office will check availability.)
☐ I will drive my own vehicle and not seek reimbursement.
☐ I will drive my own vehicle and seek reimbursement
☐ Airfare
☐ Other (including Parking, Cabs, Tolls) – Describe below.

Mileage Rate:

Personal Vehicle Mileage Cost:
Airfare Cost:
Other Transportation Costs:

Lodging: ☐ I will be seeking hotel reimbursement.
Hotel Cost:

ESTIMATED EXPENSES

Meals:

\$25 for partial day (under 8 hours), \$50 for full day (8-24 hours)

Tip reimbursement cannot exceed 20%.

Reimbursement requests must include an itemized receipt that shows final payment.

☐ I will seek meal reimbursement

Meal Costs:

Additional Expenses:

Please itemize and describe any additional expenses:

Additional Costs:

TOTAL ESTIMATED EXPENSES:

APPROVALS

Approved:

Department Chair Signature

Date

Approved:

Athletic Director Signature (required if vehicle requested)

Date

Approved:

Director of Curriculum / Director of Special Services Signature

Date

Approved:

Principal Signature

Date

Approved:

Superintendent Signature

Date

District Office Notes:

District Vehicle:

Account Name:

Account Number:
