

Gainesville School District
PROFESSIONAL DEVELOPMENT REQUEST

(Revised 2019)

Complete this form prior to registering for any off-site Professional Development opportunity and submit to your Building Professional Development Committee (BPDC) Chair .

Type of PD: ____ Assigned by Principal ____ Individual Request

Name: _____ Date form filed: _____ Bldg: _____

Name of Activity: _____ Location: _____

Date(s) of Activity: _____ Substitute Needed?: ____ No ____ Yes
If yes, list dates/times: _____

Building or District Goal(s) Addressed:

Brief Description of Activity:

How will your new knowledge be shared with colleagues?

	Requested	Approved	
Registration			<i>Fill out requisition following approval</i>
+*Ground Transportation			<i>Paid at \$.44 per mile if approved. Must request school van first.</i>
*Lodging			<i>Complete 'Lodging Form' and submit to Mrs. Armstrong</i>
*Meals			<i>Max Reimbursable Amounts: \$7 Breakfast; \$8 Lunch; \$14 Dinner</i>
Total			

Teacher Signature - Date: _____

Principal Signature – Date: _____ Approved: ____ Yes ____ No

BPDC Chair Signature – Date: _____ Approved: ____ Yes ____ No

*For requests that were not initiated or assigned by the building principal, reimbursement for these items will be made only if **reimbursement is requested within 30 days of the event** and funds are available as of the April meeting of the DPDC.

+Email Glenda Silvey to check on availability of a van for transportation. She will email you back to let you know if the van is available. If it is not available, save and print the email and attach it to any reimbursement for mileage to verify that a school van was requested.

Gainesville School District
PD LODGING REQUEST FORM
(Revised 2019)

Complete this form to secure lodging for off-site Professional Development. The District will not pay for lodging that is scheduled by individual teachers. Please submit to Mrs. Armstrong along with a copy of an approved PD Request Form.

Type of PD: ____ Assigned by Principal ____ Individual Request

Name: _____ Date form filed: _____ Bldg: _____

Conference: _____ Check In Date: _____

Location: _____ Check Out Date: _____

List all attendees for this event: _____

Number of Rooms Requested: _____

<i>Facility</i>	<i>Conference Rate</i>	<i>Phone Number</i>
1 st Alt –		
2 nd Alt –		

Every effort will be made to make arrangements at the above listed hotels. In the event that all options are booked, lodging will be booked at the nearest hotel available.

For Individually Requested PD Activities, Glenda Silvey will contact the person completing the form and get them credit card information to secure the room. Lodging for these events will only be reimbursed only if approved by the PDC at their April meeting.

Teacher Signature - Date: _____

For Office Use Only

Hotel Reserved:

Number of rooms:

Nightly Rate:

Confirmation Number:

Check In Date:

Check Out Date: