

# REQUEST FOR PROFESSIONAL DEVELOPMENT LEAVE

Rev. 9.2016

(Grey paper)

<b>Name</b>		<b>Date Request Submitted</b>	
<b>School/Work Location</b>			
<b>Position</b>			
<b>Title of Workshop/Conference</b>			
<b>Location of Workshop/Conference</b>	<i>Name of conference center/ meeting location and City/State</i>		
<b>Date of Professional Activity</b>			
<b>Describe the professional development activity</b>			
<b>Will a stipend be paid to the participants?</b>	<input type="checkbox"/>	Yes	<input type="checkbox"/> No
<i>(Participants cannot accept stipends for attendance at conferences/workshops during contracted days.)</i>			
<b>Which staff development goal(s) does this activity address? (division, school, personal)</b>			
<b>How do you plan to share this information with other staff members?</b>			
<b>Were you requested to attend?</b>	<input type="checkbox"/>	Yes	<input type="checkbox"/> No
<b>If so, by whom?</b>			
<b>Will a substitute be needed?</b>	<input type="checkbox"/>	Yes	<input type="checkbox"/> No
<b>If so, how many days?</b>			

(Please complete the preliminary estimate of costs for this request on the reverse side of this form.)

## PRELIMINARY ESTIMATE OF COSTS FOR PROFESSIONAL DEVELOPMENT LEAVE

Note: Detailed receipts for expenses occurred are to be attached to Special Travel Reimbursement Form when submitting for reimbursement.		ESTIMATED COST	COST APPROVED BY SBO
MILES to be traveled (round trip) (\$.485 per mile)	miles		
MEALS (\$48 maximum per day)	# meals		
LODGING	# days		
<b>OTHER EXPENSES</b>			
Fares			
Tolls			
Gratuities			
Registration Fees			
Miscellaneous (please list)			
Total Estimated Cost for Substitutes	# days		
<b>TOTAL ESTIMATED COST</b>			
<b>TOTAL ESTIMATED FUNDING REQUESTED</b>			

***SUBSTITUTES:*** The use of ERIP subs is encouraged. If a substitute is hired, the expense of the substitute will be deducted from the **approved** funding source below. **Unapproved substitutes will be charged to the school for reimbursement to the division.**

FUNDING FOR PAYMENT (please check appropriate source)			
	Fund Source (Submit to)	Substitute (The approved Sub code <u>must</u> be included on monthly absentee report.)	Approved by Central Office Fund Supervisor
	Training (Tonda Finney)	10-61310-9-1-1520-000-00	
	Title I (Jenny Eaton)	20-61100-2-1-1520-330-00	
	CTE (Angela Rigney)	10-61100-2-3-1520-000-00 (MS) 10-61100-3-3-1520-000-00 (HS)	
	Special Education (Ann Cassada)	10-61100-2-2-1520-000-00 (E/M) 10-61100-3-2-1520-000-00 (HS)	
	Other:		
	<b>Approved</b>	<b>Disapproved</b>	

\_\_\_\_\_  
Signature of Principal or Immediate Supervisor

\_\_\_\_\_  
Date

<b>REMARKS</b>	
Approved	
Disapproved	
Signature of Superintendent/Designee:	