

Staff Development Request for Approval

Note: To be eligible for funding, this request must be approved no later than 10 school days prior to the event.

Check the associated program's funds you are requesting:

Federal
 CTE
 SPED
 Gen. Budget
 CSH

School: _____

Date of Application: _____

Administrators Attending:

1. _____
2. _____
3. _____
4. _____

Teachers Attending:

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |
- (Attach additional page if more than 6 are attending.)

Activity Title: _____

Description: (Attach Agenda/Brochure) _____

Dates of Activity: _____

Will Leave On: _____ Will Return to Work On: _____

Travel Destination(City) _____ (No Out -Of-State)

Anticipated Expenditures(Check All That Apply):

Mileage
 Lodging
 Registration
 Meals
 Substitute Teacher

Please indicate which of the following your requested activity supports:

School Improvement Plan
 BOE Strategic Plan
 Individual Growth Plan

Notes:

1. Forms should be submitted at least ten (10) days prior to the event. Requests must be approved before attending the event.
2. Turn in a separate form for each event that you plan to attend. Turn this in to the appropriate office for the funding source you indicated above.
3. After receiving approval, the school is responsible for all registrations unless directed otherwise by the supervisor.
4. In order to be a good steward of taxpayer's money, carpooling is highly encouraged.
5. Reimbursement for overnight lodging will not be paid if a meeting is within 50 miles of your duty station and/or residence.
6. Meal receipts must be attached to the travel form for reimbursement. Note: Amounts reimbursed will follow the meal allotment determinations(Breakfast \$ 8, Lunch \$ 10, Supper \$ 18). In-county meals will not be reimbursed.

Professional Development Accountability:

Proposed date of redelivery: _____ Intended audience: _____

Person(s) responsible for follow-up: _____

Reviewed and Approved by:

_____ Principal's Signature

_____ Supervisor's/Program Director's Signature

_____ Denied by _____ Comments: _____

Approved and denied requests will be returned to the school through inner office mail.