

Rainier School District
PROFESSIONAL DEVELOPMENT REQUEST FORM

Name:	Position:
Date:	School:
Type of Request: <input type="checkbox"/> Financial <input type="checkbox"/> Professional Leave	Need a sub? <input type="checkbox"/> Yes <input type="checkbox"/> No
Event Title:	
Location	Date(s)
Making a Presentation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Presentation Title:
Note: Please attach a copy of the program announcement, your completed registration form and any other pertinent information about the event. If you are presenting, please attach a copy of your presentation proposal.	

Area Objectives Related to This Request:

Check all boxes that apply	
Literacy	<input type="checkbox"/>
Family Involvement	<input type="checkbox"/>
Transition	<input type="checkbox"/>
Technology	<input type="checkbox"/>
State Standards	<input type="checkbox"/>

Please describe below how this request will contribute to the checked priority areas.

Itemize your costs	Estimate
Lodging	
Meals	
Air/Train	
Ground Travel	
Tuition/Registration	
Other	

Signatures	Date
Applicant:	
Immediate Supervisor:	
Professional Development Coordinator:	
Comments <input type="checkbox"/> Funding Approved <input type="checkbox"/> Full \$ _____ <input type="checkbox"/> Partial \$ _____ <input type="checkbox"/> Funding Not Approved	