

Individual Professional Development Request Form

Submit this request for approval to your building principal. Please keep a copy for your records. If you are traveling to a conference **ATTACH** REGISTRATION AND RESERVATION forms to this application. Reservations are made through the superintendent's office; please let them know if you also need assistance with registration. Confirmation of reservations will be sent to the individual applying for the request.

Reimbursement will not be made from this form. Reimbursement will be made upon receipt and approval of the Travel Expense Reimbursement form.

Teacher's name: _____ Date submitted: _____

Name of Conference/Class or Other Activity: _____

Describe the nature of the conference/class or attach a copy of the published description:

Location & Date of activity: _____

Estimated costs (Should not exceed \$550)

Mileage (\$.40/mile)	\$ _____	Lodging \$ _____	Registration \$ _____
Meals (\$5-\$7-\$10)	\$ _____	Substitute Total \$ _____	Other (describe) \$ _____
<i>(Daily Sub rate of \$76 must be included in the Total.)</i>			TOTAL \$ _____

How does your PD request support the district's CSIP, the Building/School Improvement Plan, and/or your current Individual Professional Development Plan?

** Please Note: Upon receipt of PDC funds, you are expected to share information in either in-service, faculty, grade level or subject area meetings, or PDC meetings upon request.*

Teacher Signature: _____ Date: _____

Administrator: _____ Approved _____ Disapproved
Signature _____ Date: _____

Building PD/Leadership Team/PDC _____ Approved _____ Disapproved (Comments will be provided)
Date: _____

Signatures: _____

Completed by Superintendent's Office		
Hotel confirmation # _____	Phone # _____	Name of Hotel _____
Dates of hotel reservation _____	Date of registration _____	Hotel rate _____

