



Williamsburg County School District Professional Development Application



Name/Position:			
School/Office:			
Name of Conference/Activity:			
Physical Address of Conference/Activity:	Street	State	Zip Code
Dates Attending: (mm/dd/yyyy)	From: Date	To: Date	
Professional Development Standards Being Addressed:			
This Conference or Activity Supports:		District Strategic Plan	School Renewal Plan
Page:	Strategy:	Activity:	
Purpose for Attending:			
Date Scheduled to Share Information:	District	School	
	Ongoing / Current Academic Year	Ongoing / Current Academic Year	
I was assigned to attend this activity by:		I am requesting to attend this activity.	
	Travel-Related Expenses	Substitute Expenses	
Funding Source Account Number			
Travel:	Personal Car @ per mile		
	Public Transportation: Train, Plane, Bus, etc.		
	Meals: ☐ with agenda ☐ without agenda		
	Lodging:		
	Registration/Other		
	TOTAL ESTIMATED COST		
	Substitute Pay (Total Number of Days)		
Please submit the travel report and supporting documents immediately after returning from the conference/activity. **Travel expenses over 60 days will not be reimbursed.**			
Attendee's Signature:	Date	Principal's/Supervisor's Signature:	Date
Your request has been:	☐ APPROVED		☐ DENIED
Assistant Superintendent of Teaching, Learning, and Leadership Support Signature:			Date
Executive Director of Professional Development and Instructional Support Signature:			Date