

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 box next to the associated program's funds you are requesting:						
Federal	CTE	SPED	Pre-K	Gen. Budget	CSH	
School: _____			Date of Application: _____			
# Administrators Attending: (List Names Below)			# Teachers Attending: (List Names Below)			
1. _____			1. _____		5. _____	
2. _____			2. _____		6. _____	
3. _____			3. _____		7. _____	
4. _____			4. _____		8. _____	
			(attach additional page if more than 8 to attend)			
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):						
<input type="checkbox"/> Mileage <input type="checkbox"/> Lodging <input type="checkbox"/> Registration <input type="checkbox"/> Meals <input type="checkbox"/> Substitute Teacher						
Please indicate which of the following your requested activity supports:						
<input type="checkbox"/> School Improvement Plan <input type="checkbox"/> BOE Strategic Plan <input type="checkbox"/> Individual Growth Plan						
NOTES:						
1. Forms should be submitted at least ten (10) school 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. Be sure you complete the "Professional Development Assurances" on the reverse side of this page.						
4. After receiving approval, the school is responsible for all registrations unless directed otherwise by the supervisor.						
5. In order to be a good steward of taxpayer's money, carpooling is encouraged if multiple people are attending the same training.						
6. Reimbursement for overnight lodging will not be paid if a meeting is within 50 miles of your duty station and /or your residence.						
7. Meal receipts must be attached to the travel form for reimbursement. Note: Amounts reimbursed will follow the meal allotment determinations per BOE Travel policy 2.8041. In-county meals will not be reimbursed.						
8. Mileage will be reimbursed at the approved rate per BOE Travel Policy 2.8041 per mile.						

Reviewed and Approved By:

_____ Principal's Signature
 _____ Supervisor's / Program Director's Signature

_____ Denied by _____ Comments: _____