"Leadership • Collaboration • Innovation"

Chad Spence, Superintendent



ADDENDUM TO PROFESSIONAL DEVELOPMENT REQUEST

NOTE: If reimbursement of mileage, lodging, and/or travel is needed, this form must be completed and attached to your professional development request.

Name of Employee: _____ School: _____

Name of Conference or Workshop:

Date(s) of Conference or Workshop: _____

1. What is the purpose of the event, and what is the reason for your request to attend this conference or workshop?

2. How will this conference or workshop benefit you and the students in the district? How will this conference or workshop increase student performance?

3. How will you disseminate the information you acquire from this conference or workshop to other staff members in the district? When?

Supervisor's Signature of Approval: _____ Date: _____

If granted permission to attend, documentation for the verification of attendance must be submitted before procurement for reimbursement is processed. This could include the name badge given upon check in, agenda and/or notes from the event, screenshots of the content received, copies of the handouts, etc.

Superintendent's (or his Designee's) Signature:

470 Highway 51 N, Sardis, MS 38666 P: 662-487-2305 F: 662-487-2050 www.northpanolaschools.org