



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 (mm/dd/yyyy) | To: Date (mm/dd/yyyy) | |
| | | | |
| Professional Development Standards Being Addressed: | | | |
| - Leadership-Staff development that improves the learning of all students requires skillful school and district leaders who guide continuous instructional improvement. - Resources-Staff development that improves the learning of all students requires resources to support adult learning and collaboration | | | |
| 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 | |
| Source: Funding Number | | | |
| Travel: | Personal Car @ per mile | | |
| | Public Transportation: Train, Plane, Bus, etc. | | |
| | Meals: <input type="checkbox"/> with agenda <input type="checkbox"/> 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: | | Principal's/Supervisor's Signature: | |
| Date | | Date | |
| Your request has been: | | <input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED | |
| | | | |
| Assistant Superintendent of Teaching, Learning, and Leadership Support Signature: | | | Date |
| | | | |
| Executive Director of Professional Development and Instructional Support Signature: | | | Date |
| | | | |