



Coffeeville School District

Dexter Green, Superintendent

DGREEN@Coffeevilleschools.org

96 Mississippi Street * Coffeeville, MS 38922

Phone (662) 675-8941 * Fax (662) 675-5004

PROFESSIONAL DEVELOPMENT REQUEST

*****Please Submit 5 Days In Advance*****

Name of Person Submitting Request: _____

Position: _____ School: _____

Email: _____

*Notification of approval will be sent via email. Please do not make arrangements prior to confirming approval.

Date of Request: _____ Registration Deadline: _____

Name of PD Session: _____

Rationale for attendance _____

Date(s) of Event (workshop, seminar, conference): _____

Location: _____ Anticipated Cost: _____

Please submit a vehicle request form. If the school vehicle is available and you choose to use your personal vehicle, reimbursement for travel is not allowed.

Signature of Person Submitting Request: _____

Please submit along with correspondence (I.E., Flyer, Web address, Brochure, ETC. detailing the event.

	APPROVED		NOT APPROVED	Principal's/Supervisor's Signature	Date
	APPROVED		NOT APPROVED	Director's Signature	Date
	APPROVED		NOT APPROVED	Superintendent's Signature	Date