

Federal Funds

PROFESSIONAL DEVELOPMENT ACTIVITY REQUEST FORM

Employee Name _____ School _____ Date _____

Name of Professional Development Activity (Include completed, legible copy of registration form)

Activity Date(s) _____ Other staff participating _____

Location (City and State) _____

Links to School Improvement Plan, District Consolidated Plan, and/or Student Achievement:

Substitute Teacher Required: Yes _____ No _____

Estimated Cost of Trip:

Registration \$ _____

*Travel Expenses (attach explanation) ..Mileage..... \$ _____

Air _____ \$ _____

Hotel _____ \$ _____

Shuttle/Taxi _____ \$ _____

* No mileage for personal vehicles except in pre-approved circumstances

Meals (required overnight stay) \$ _____

Materials/Supplies..... \$ _____

Substitute (# of days _____ x \$135 per day) \$ _____

Total Estimated Cost of Trip/Activity..... \$ _____

Signature of Employee _____ Date _____

Principal/Appropriate Supervisor _____ Date _____

Principal's Approval for Authorized Leave (Initial) _____ Approved _____ Not Approved

I understand that I am responsible for presenting handouts, content, and instructional ideas to faculty/ department members upon return from the conference/ workshop.

Date/time scheduled to present: _____ Principal/Teacher initial _____/_____

PRINCIPAL: PLEASE CHECK FUNDING SOURCE TO RESERVE THESE FUNDS

Turn in signed original expense receipts within two (2) weeks after activity to insure payment.

Return completed form to Vivian McCord in the Central Office.

Central Office use only
Approved _____ Denied _____ Reason _____
Funds _____ Amount _____
Staff signature _____ Date _____