

Employee's Request for Professional Development Conference

(Must be submitted 20 calendar days prior to the conference)

Name: _____

School: _____ Position: _____

Title of Conference/Activity: _____

Location of Conference/Activity: _____ Date(s): _____

Costs: These will be utilized for budget purposes only

Registration Fee: _____ = \$ _____
(complete requisitions for conference/activity fee)

**Gas Costs (estimated): _____ miles x .54 per mile = \$ _____
(A school vehicle is the primary means of transportation. Complete a request for school vehicle form)

Lodging: \$ _____ room rate x _____ nights = \$ _____
(if applicable) (complete a requisition for hotel reservation)

Meals(estimated for budget purposes): (if not provided at conference/activity)

_____ # of breakfast(s) x \$7.11 = \$ _____

_____ # of lunch(es) x \$8.62 = \$ _____

_____ # of dinner(s) x \$16.46 = \$ _____

Substitute Teacher costs:
(complete an absence request in AESOP)

_____ # of half day(s) x \$50 = \$ _____

_____ # of full day(s) x \$100 = \$ _____

Other expenses (explain):

_____ = \$ _____

_____ = \$ _____

Total Estimated Costs = \$ _____

Funding Source/Code for payment of substitute (if applicable): _____

Funding Source/Code for payment of registration: _____

Funding Source/Code for payment of expenses: _____

****Gas cost: A school vehicle and/or gas credit card are the primary means of gas reimbursement. Please contact the Administrator approving this request to discuss using your personal vehicle.**

(After Professional Development Request has been approved, complete all items that are highlighted.)

Which areas will be addressed by this conference/activity?

RtI Academic Assessment Technology (describe: _____)

RtI Behavior Mentoring Content Knowledge (List: _____)

Differentiation Literacy Safe Schools CREATE Special Education

School Improvement/District Strategic Plan Grading Cultural Awareness

Classroom Management Other (describe: _____)

Staff member requesting to attend a conference, please answer the following 3 questions:

1. What knowledge or skill do you anticipate gaining from participating in this conference/activity?
2. How does this conference/activity relate to your school's School Improvement Plan or District Strategic Plan?
3. Please discuss with your building principal how information from this conference/activity will be shared with the rest of the school community. *(Possible ideas: share information at faculty meeting, written report, newsletter article, presentation to the administrative team.)* Describe how you have decided to communicate information from the conference / activity to the rest of the school community.

Please attach a copy of brochure/syllabus for conference/activity.

Employee signature: _____ Date submitted: _____

Professional Development Assessment/Follow Up form must be completed prior to expense reimbursement.

Approved conference/activity must align with building school improvement plan or board strategic goals.

_____ **Approved**

_____ **Not Approved**

Building/District Office Administrator Signature: _____ **Date:** _____

Building/District Office Administrator:

- If approved forward to Director of Curriculum at the District Office for final approval.
- If not approved return to applicant.

Please note: Building/District Office Administrator approval does not automatically assume Director of Curriculum Approval.

_____ **Approved**

_____ **Not Approved**

Director of Curriculum Signature: _____ **Date:** _____

Approved Professional Development e-mail sent to applicant on: _____ Initial: _____

E-mail to:

- Bookkeeper
- Accounts Payable
- Building Principal/Supervisor
- Curriculum Director