

Multiple Employee's Request for Professional Development Conference

(more than one employee attending)

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

Title of Conference/Activity: _____

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

EMPLOYEE NAME:	BUILDING:
FUNDING/SOURCE CODE FOR PAYMENT OF SUB:	AMOUNT:
FUNDING/SOURCE CODE FOR PAYMENT OF REGISTRATION FEE:	AMOUNT:
FUNDING/SOURCE CODE FOR PAYMENT OF EXPENSES:	AMOUNT:
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EMPLOYEE NAME:	BUILDING:
FUNDING/SOURCE CODE FOR PAYMENT OF SUB:	AMOUNT:
FUNDING/SOURCE CODE FOR PAYMENT OF REGISTRATION FEE:	AMOUNT:
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FUNDING/SOURCE CODE FOR PAYMENT OF EXPENSES:	AMOUNT:

Costs: These will be utilized for budget purposes only

Registration Fee: _____ # of employees x _____ 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 _____ # of rooms x _____ nights = \$ _____
(if applicable) (complete a requisition for hotel reservation)

Meals: *(if not provided at conference/activity)*

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

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

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

Substitute Teacher costs:
(complete absence requests in AESOP)

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

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

Other expenses (explain):

_____ = \$ _____

_____ = \$ _____

_____ = \$ _____

Total Estimated Costs = \$ _____

****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?

_____ Rtl Academic _____ Assessment _____ Technology (describe: _____)

_____ Rtl 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 members requesting to attend a conference, please answer the following 3 questions:

1. What knowledge or skill do each of you anticipate gaining from participating in this conference/activity?

2. How does this conference/activity relate to each of your school's School Improvement Plan or District Strategic Plan?

3. Please discuss with your building principal(s) 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 each of 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.

Submitting Employee signature: _____ Date submitted: _____

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

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

_____ **Approved**

_____ **Not Approved**

Principal or District Office Administrator Signature: _____

Date: _____

NOTE to Principal or District Office Administrator: If all of the employees requesting to attend this conference/activity are not under your direct supervision, please contact those Principals to approve or deny their employee(s) to attend.

_____ **Principals or District Office Administrators to other requesting employees were contacted.**

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Building/District Office Administrator:

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

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

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_____ **Approved**

_____ **Not Approved**

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

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Approved Professional Development e-mails sent to applicants on: \_\_\_\_\_ Initial: \_\_\_\_\_

E-mail to:

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