
SCHOOL DISTRICT 145

PROFESSIONAL GROWTH ACTIVITY APPLICATION

To be submitted at least seven (7) days in advance of activity/registration deadline

A. To be completed by employee:

Name _____ Position _____ Date _____
Activity date(s) _____ Location _____
Sponsoring agency _____
Description of activity and how it will contribute to professional growth (attach program brochure if available).

I will need a sub on _____ Periods _____

Points to be earned _____

(Signature of employee)

B. Central office instructions:

1. Have you registered for this event? Yes No (If no, complete #2 & #3)
2. Should we register you? Yes No (Please include completed registration form)
3. Should we send the registration fee? Yes No
Other instructions: _____

-
-

C. To be completed by administrator:

The professional growth activity for _____ point(s) is approved.

Date Signature of administrator

The professional growth activity is NOT approved.

Comment: _____

Date Signature of administrator

Budget needs:

Account number _____ Lodging _____
Registration fee _____ Meals _____
Transportation (.55 /mile) _____ **TOTAL COST:** _____

All reimbursement (mileage/fees paid by employee) must be applied for on separate forms.

Note: If activity involved the completion of a college/university class, please attach a copy of an official grade report or transport.