

# Professional Development Form

## Part A – PD Request and Approval

Name ( <i>organizer only, if group request</i> )	# participants	Today's date	Request type: ( <i>check all that apply</i> ) ___ Salary schedule movement ___ Re-licensure/endorsement ___ Course tuition reimbursement ___ Workshop/conference ___ Other _____ # of grad credits: ___ or N/A
PD provider	Dates of PD		
Title of PD <b><i>Attach flyer with description and cost structure</i></b>			
How will this support your role, board/school goals and education plans? ( <i>Attach more if needed</i> )			

**Registration and Payment Request:** (*For grant-funded opportunities, must choose one of the starred options*)

Registration fee	Travel	Hotel	Meals	Requires sub?	Tech	Other	Total funds requested
				No / Yes _____ days			

_____*Payment by Central Office <i>Participants will register AFTER PD request is approved</i>	_____*Reimbursement <i>Participants will register and pay AFTER PD request is approved</i>
Vendor name and address for payment ( <i>if applicable</i> )	

<b><i>My signature below provides for authorization of payroll deduction(s) in the amount of any course / workshop pre- payment in the event I do not satisfactorily complete the course or do not provide certificate of attendance / completion or grade report, and that any expenses not submitted for reimbursement within 60 days will not be paid. (Lead participant and all participants in a group must sign below)</i></b>			
Name ( <i>Please print</i> )	Position/content	School	Signature
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

**School Approval** (*Circle options, and sign below*)

Is content appropriate for role, master agreement or guidelines, and funding is available? Y / N

Is this PD directed by the administrator (i.e. costs can exceed amount in master agreement)? Y / N

<b><i>The signatures below signify approval and verify understanding that if grant-funded expenses are not processed within grant guidelines, those costs will be disallowed and charged to the local budget.</i></b>			
Department Head Approval ( <i>if applicable</i> )	Principal Approval	Date	<b>Approved total costs</b> ___not to exceed \$_____ ___up to contracted benefit
Pre-approved expenses ( <i>please circle</i> ) registration / travel / hotel / meals / sub / tech / other			
Funding source ( <i>please circle, add code if local</i> ) grant / local Local code: _____			

**Central Office Approval; Registration and Payment Details**

Curriculum Director (as Superintendent's designee)	Date	Grant code:
Salary Schedule Movement: Course is Pre-Approved / Not Approved / N/A		Initials:
Registration Confirmation: Participants registered on _____ or N/A		Initials:

***Once this form is returned with approval, staff may register themselves for PD and make leave/sub/travel arrangements. Payment is NOT guaranteed if registration is made prior to approval.***