

PROFESSIONAL DEVELOPMENT REQUEST FORM

Puxico R-VIII School District

Date Request Made: _____

Staff Member(s):

**Please check to see if other staff members plan to attend.*

Workshop/Activity Title:

Dates of Workshop/Activity:

Destination:

Describe the type of information you will obtain and how it will benefit you in your work area:

Items Requested

Registration Fee \$ _____

Lodging (if needed) \$ _____

Mileage \$ _____

Meal(s) —How many? _____

Will a substitute be needed?

Yes No

APPROVED BY:

Principal/Program Director Date

PDC Chairman Date

PAID BY FUNDED FROM:

SUBMITTED TO:

Superintendent Date