



Dundee Community Schools

Vision Statement: "Students First" – Inspire, Educate, Innovate, Celebrate

Mission Statement: Dundee Community Schools is setting a course for student success. We will challenge and inspire every student, every day, in every class through innovation and dedication - promoting knowledgeable, responsible, and caring citizens.

PROFESSIONAL DEVELOPMENT CONFERENCE/TRAVEL REQUEST FORM

In an effort to support professional development opportunities, Dundee Community Schools has established this form to use when requesting professional development.

Expectations of staff members requesting funds:

- Prior to program proposal submission, please discuss the opportunity with your direct supervisor
- Utilize reduced early bird registration, when possible
- Provide a written summary of the conference within five (5) business days of your return, to your direct supervisor

All requests must be submitted and approved by your direct supervisor. Once you have received approval, please submit the request to the appropriate person for fund allowance (i.e. Curriculum Director – for teaching staff). Once approval is completed, you will receive an email with the approved funds granted.

Name: _____ Department/Building: _____

1. Conference Information:

- Name of Conference: _____
- Date(s): _____
- Location: _____
- Institution/Organization Sponsoring the Conference: _____
- Are you presenting at the Conference: _____

2. Addition Funding:

- Are you receiving funding for the conference from other sources? _____
If yes, please list sources: _____

3. Budget for Conference/Travel:

- Transportation (please specify) \$ _____
 - Registration \$ _____
 - Lodging \$ _____
 - Anticipated Food Allowance \$ _____
- Estimated Cost \$ _____

4. Compared with other conferences as it relates to your professional development, how would you rank this conference? (Please selection one)

- Very High High Medium Low

Requestor Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Curriculum Director Signature: _____ Date: _____

(If Applicable)

- Email sent to requestor with approval/denial (circle one) – This should be done by the direct supervisor or the curriculum director

PLEASE FORWARD THIS FORM TO THE ADMINISTRATIVE ASSISTANT TO THE SUPERINTENDENT