



HYDE COUNTY SCHOOLS

STAFF DEVELOPMENT REQUEST/APPROVAL FORM

Prior approval must be made with your Supervisor or Designee two weeks in advance

EMPLOYEE NAME

SCHOOL/DEPARTMENT

EMPLOYEE NUMBER (NOT SSN)

STAFF DEVELOPMENT ACTIVITY

DATE (s)

LOCATION OF STAFF DEVELOPMENT

Please complete and email as an attachment to your Supervisor. If approved, your Supervisor will forward the form to the Director of Instructional Programs & Assessments. He/she will distribute the form to the appropriate Central Office staff for approval based on available funds. A signed copy of this form and proof of workshop, meeting, etc., must accompany all Check requests and/or Reimbursement forms for registration, hotel rooms, etc.

ESTIMATED EXPENSES AT MAXIMUM STATE RATES

REGISTRATION

HOTEL/MOTEL

FOOD

MILEAGE (Rate & Estimated Miles)

SUBSTITUTE TEACHER

EMPLOYEE'S SIGNATURE

DATE

SUPERVISOR / DESIGNEE APPROVAL

DATE

Finance Code: _____

Substitute Code: _____

Fund Source (check one)

_____ Local School

_____ Title I

_____ Title II

_____ Other _____

List other source

Director of Instructional Programs Signature

Director of Federal Programs Signature

Finance Department Signature