

PALMYRA R-I SCHOOL DISTRICT REQUEST FOR PROFESSIONAL DEVELOPMENT

INSTRUCTIONS: PRIOR TO ACTIVITY, COMPLETE EACH SECTION, GET APPROVAL SIGNATURES (building principal if substitute required, and/or PDC or appropriate administrator if funding is requested), THEN SUBMIT FORM TO CENTRAL OFFICE FOR FINAL APPROVAL. ONCE APPROVED USE THE PURCHASE ORDER NUMBER FOR REGISTRATION (IF APPLICABLE). SUBMIT REGISTRATION CONFIRMATION TO CENTRAL OFFICE OR CONTACT CENTRAL OFFICE FOR OTHER REGISTRATION OPTIONS/QUESTIONS.

SECTION 1: CIRCLE ONE: ES MS HS District

ACTIVITY TITLE/DESCRIPTION _____

ACTIVITY DATE/TIME _____ LOCATION _____

INDICATE DATE(S) SUBSTITUTES NEEDED _____ Full Day ___ Half Day ___ am or pm

LIST ALL (INCLUDE YOURSELF) STAFF MEMBERS INVOLVED (use separate request where funding source is different):

BUILDING PRINCIPAL SIGNATURE
TO SECURE SUPPORT FOR ABSENCES: _____ **DATE** _____

SECTION 2: PROJECTED COST OF ACTIVITY:

Mileage: Driver(s) _____ # _____ miles (round trip) x .40/mile = \$ _____
Registration# _____ participants x _____ registration fee = \$ _____
Lodging # _____ participants x _____ nights x _____ cost/night = \$ _____
Meals..... Estimate meals not included in the registration fee = \$ _____
Substitutes..... # _____ substitutes x _____ day(s) x \$80 (\$40 for half day) = \$ _____

TOTAL \$ _____

REMINDER!! The above costs are only estimates. A reimbursement request form must be submitted to Central Office listing actual out-of-pocket expenses after the event. Reimbursements are made at payroll (22nd of month).

SECTION 3: FUNDING SOURCE (check one):

- PROFESSIONAL DEVELOPMENT COMMITTEE – PDC/Building Administrator approval: _____
- IDEA/Special Education - Special Ed Administrator approval: _____
- Collaborative Work Initiative Grant - Grant Administrator approval: _____ (select one focus statement)
___ "Assessment Capable Learners" ___ "Vertical Team meets to create summative assessments and develop meaningful learning targets" ___ "Planning Instruction based on feedback received from formative assessments"
- STUDENT ACTIVITY/ATHLETICS _____ - Athletic Director approval: _____
- OTHER _____ - Program Administrator approval: _____

SECTION 4:

SIGNATURE OF EMPLOYEE COMPLETING REQUEST: _____ **DATE** _____

Central Office Approval Signature/Date

PURCHASE ORDER # _____

ROUTING:

___ Scan to teacher (all signatures indicates approval) ___ Scan to BldgPrincipal's Office ___ Scan to PDC or PA ___ Original to Central Office