

PRIOR APPROVAL FOR PROFESSIONAL DEVELOPMENT OR COURSE EXPENSE FORM

Applicant Name: \_\_\_\_\_ School/Location: \_\_\_\_\_

PROFESSIONAL DEVELOPMENT

Reason for Attendance: (check all that apply)

REQUIRED Prof. Development Prof. Development Certification Requirements (Certification Committee signature required)

Name of Conference/Workshop/Meeting: \_\_\_\_\_

Date(s) of Attendance: \_\_\_\_\_

Location of Prof. Development: \_\_\_\_\_ City/State: \_\_\_\_\_

EXPENSE AMOUNT WHO TO PAY OR REIMBURSE (check one for each expense)
Registration \$ \_\_\_\_\_ Reimburse Applicant Company/Institution-Payable to: \_\_\_\_\_

Meals: (estimate # needed)

# Breakfast @ \$15/day = \$ \_\_\_\_\_ Reimburse Applicant Company/Institution-Payable to: \_\_\_\_\_

# Lunch @ \$18/day = \$ \_\_\_\_\_ Reimburse Applicant Company/Institution-Payable to: \_\_\_\_\_

# Dinner @ \$30/day = \$ \_\_\_\_\_ Reimburse Applicant Company/Institution-Payable to: \_\_\_\_\_

Lodging: # Nights @ \$ \_\_\_\_\_/nt = \$ \_\_\_\_\_ Reimburse Applicant Company/Institution-Payable to: \_\_\_\_\_

Mileage: # Miles @ \$0.57/mile = \$ \_\_\_\_\_ Reimburse Applicant

Other Expenses: (specify) \$ \_\_\_\_\_ Reimburse Applicant Company/Institution-Payable to: \_\_\_\_\_

TOTALS \$ \_\_\_\_\_ Total to Reimburse Applicant
\$ \_\_\_\_\_ Total Paid to Company/Institution—Payable to: \_\_\_\_\_
\$ \_\_\_\_\_ Total Paid to Company/Institution—Payable to: \_\_\_\_\_

PROFESSIONAL DEVELOPMENT GRAND TOTAL: \$ \_\_\_\_\_

COURSE REIMBURSEMENT

Reason for Enrollment: (check all that apply)

Certification Requirements (Cert. Committee signature required) Supt. Approved Grad Program, Type of Degree \_\_\_\_\_

Name of Institution: \_\_\_\_\_ City/State: \_\_\_\_\_

Number and Name of Course: \_\_\_\_\_ Credit Hours: \_\_\_\_\_

Begin Date: \_\_\_\_\_ End Date: \_\_\_\_\_

EXPENSE AMOUNT WHO TO PAY OR REIMBURSE (check one for each expense)
Tuition (covered by ESD) \$ \_\_\_\_\_ Reimburse Applicant Company/Institution-Payable to: \_\_\_\_\_

Textbooks/Materials \$ \_\_\_\_\_ Reimburse Applicant

Other Expenses: (specify) \$ \_\_\_\_\_ Reimburse Applicant Company/Institution-Payable to: \_\_\_\_\_

TOTALS \$ \_\_\_\_\_ Total to Reimburse Applicant
\$ \_\_\_\_\_ Total Paid to Company/Institution—Payable to: \_\_\_\_\_

COURSE REIMBURSEMENT GRAND TOTAL: \$ \_\_\_\_\_

Attach professional development and course information and all supporting documentation. Complete page 2, as required

Certification Committee Member, If Applicable Date Certification Approved Certification Disapproved

Principal or Immediate Supervisor Date Approved with Pay Approved without Pay Disapproved

APPROVED PURCHASE ORDER WILL SERVE AS SUPERINTENDENT'S APPROVAL. SUBMIT A COPY TO FRONT OFFICE TO SECURE SUBSTITUTE.

Professional Development:

In order for all appropriate staff to benefit from the attendance of others at conferences/conventions/workshops, etc., each attendee will be expected to share with other staff, at building level meetings, departmental meetings, grade level meetings, and district workshops, those significant aspects of the conference attended.

.....

To be completed by Attendee and Immediate Administrator:

What specific benefit to students is anticipated through attendance of this conference? (Attendee)

What specific benefits will other staff members be expected to receive from your attendance? (Attendee)

Please specify the anticipated process of sharing of the learning experience, including date, time, place, etc. (Approving Administrator)

**All requests for approval are to be in the Superintendent's office 10 days prior to event dates.**

**BOOKKEEPER: Scan and attach completed form to ADS requisition.**