Professional Development Participation Request

Submit request to principal two weeks prior to professional development training/workshop.

Name				Date		
Position			_			
Title of Training)					
Sponsoring Ag	ency					
Location of Tra	ining		Dates	of Training		
District Goal A	ddressed by Train	ing				
reservations ar	(Registration will and district vehicle is sonal vehicle mile	reservations will	be made by	•	5 5	
L	odging: # days _		Amt/day _			
M	leals: # meals					
Т	ransportation: dis	strict vehicle		POV		
R	egistration Fee: /	Amt	_			
S	ubstitute Needed:					
PUSD Goldmir	curriculum, best place. If request is fo	r miscellaneous		vill share inforr		
					questor's Signature	
For Office Use	Only:					
Funding Sourc	e:					
Authorization:						
Principal Date		Curriculum Dire			t Superintendent	