

PROFESSIONAL DEVELOPMENT REQUEST

Employee Name: _____ Building: _____ Date Submitted: _____
 PD Title: _____ PD Date: _____ PD Location: _____
 Area PD Impacts: Curriculum Athletics Other

Brief Summary of the expected content of the workshop

How will you implement what you expect to learn? Be specific.

How will you share the information with your colleagues upon your return? Be specific.

How does this support the District 5-year strategic plan?

How does this support your building goals?

How does this support your IPDP?

SUPERVISOR APPROVAL **Date** **CENTRAL OFFICE APPROVAL** **Date**
 Supervisor certifies that approval of this PD Leave will not exceed the Maximum daily absences requiring substitutes allowed.

PROFESSIONAL DEVELOPMENT COST APPROVAL

Supporting Data (hotel bills, meal receipts, etc.) must be attached. Gratuities not imposed by the restaurant will not be reimbursed.
 Allowable costs for Professional Development are spelled out in section 14.08 of the SEA contract. Non SEA members PD must be approved by the Superintendent or his designee. Fill in shaded areas for estimate. Fill in "Actual" column after the PD is completed.

				Estimate	Actual
Private Transportation:	miles	<input type="checkbox"/>	Rate	\$0.50	<input type="checkbox"/>
Lodging:	nights	<input type="checkbox"/>	Max Rate	\$150.00	<input type="checkbox"/>
				# staff in rooms	<input type="checkbox"/>
Meals:	days	<input type="checkbox"/>	Max Rate	\$45.00	<input type="checkbox"/>
Registration:	For pre-payment, completed registration form must accompany this request. If employee is to be reimbursed then proof of payment must be submitted with Actual costs.				<input type="checkbox"/>
Miscellaneous:	(Parking, Valet etc.)				<input type="checkbox"/>
TOTAL:					<input type="checkbox"/>

SUPERVISOR APPROVAL TO REIMBURSE **Date**

