



SPRINGBORO COMMUNITY CITY SCHOOL DISTRICT



PROFESSIONAL DEVELOPMENT REQUEST

Employee Name: _____ Building: _____ Date Submitted: _____

PD Title: _____ PD Date: _____ PD Location: _____

Area PD Impacts: Curriculum Athletics Other

Is a substitute needed? ___ Yes or No ___

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 / building goals and the current standards?

How does this support your IPDP?

EMPLOYEE'S SIGNATURE _____	Date _____	SUPERVISOR APPROVAL _____	Date _____	CENTRAL OFFICE APPROVAL _____	Date _____
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PROFESSIONAL DEVELOPMENT COST APPROVAL

Supporting data (itemized hotel bills, **itemized** meal receipts, etc.) must be signed, dated, and attached. Gratuities not imposed by the restaurant will not be reimbursed. Taxes 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" and "Budget Account Code." **Budget account codes MUST** be listed for each expense before approval will be granted for Professional Development Request. Fill in "Actual" column after the PD is completed and submit with supporting data.

Options for Budget Account Codes are: **001 - Building/Curriculum Budget - approved by Building Administrator and Andrea Cook;**
516 - Special Education - approved by Sara Gerstner;
590 - Federal Funds/Improving Teacher Quality - approved by Andrea Cook.

Private	Budget Account Code	Estimate	Actual
Transportation: miles <input type="checkbox"/> <small>updated 1-1-23</small> Rate <input type="checkbox"/> \$0.655	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lodging: nights <input type="checkbox"/> Max Rate <input type="checkbox"/> \$150.00 # staff in rooms <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meals: days <input type="checkbox"/> Max Rate <input type="checkbox"/> \$45.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Registration: For pre-payment, completed registration form must accompany this request.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Substitute Cost: (\$103.16 per day)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Miscellaneous: (Parking, valet, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TOTAL:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SUPERVISOR APPROVAL TO REIMBURSE _____ Date _____

