



PROFESSIONAL DEVELOPMENT FORM

APPLICANT: _____ EMPLOYMENT POSITION: _____ SCHOOL OR DEPARTMENT: _____	<table style="width: 100%; border-collapse: collapse;"><tr><td style="width: 5%; text-align: center;">✓</td><td style="width: 75%;">Please ✓ which applies</td><td style="width: 20%; text-align: right;">Approved Amount</td></tr><tr><td style="text-align: center;">☐</td><td>Director/Supt/CFO Requested</td><td style="text-align: right;">\$ _____</td></tr><tr><td style="text-align: center;">☐</td><td>School/Department PD</td><td style="text-align: right;">\$ _____</td></tr><tr><td style="text-align: center;">☐</td><td>Administrator PD</td><td style="text-align: right;">\$ _____</td></tr><tr><td style="text-align: center;">☐</td><td>Personal (Earned)</td><td style="text-align: right;">\$ _____</td></tr></table>	✓	Please ✓ which applies	Approved Amount	☐	Director/Supt/CFO Requested	\$ _____	☐	School/Department PD	\$ _____	☐	Administrator PD	\$ _____	☐	Personal (Earned)	\$ _____
✓	Please ✓ which applies	Approved Amount														
☐	Director/Supt/CFO Requested	\$ _____														
☐	School/Department PD	\$ _____														
☐	Administrator PD	\$ _____														
☐	Personal (Earned)	\$ _____														

Conference Details: (Please attach program information)

Conference : _____	Start Date & Time _____
Location: _____	End Date & Time: _____

Nature of the conference:

Projected Expenses:

Please have the appropriate signatures at least two weeks prior to the conference.

Registration Fee: \$ _____ Accommodations – Hotel/Motel: \$ _____ or Private @ \$35/night: \$ _____ Transportation (carpooling is encouraged) _____ km x \$0.5724: \$ _____ Airfare: \$ _____ Meals (B-\$15, L-\$20, S-\$30): \$ _____	Applicant: _____ Signature _____ Date _____ Administrator / Supervisor: _____ Signature _____ Date _____ Director / Superintendent / CFO: _____ (when required) Signature _____ Date _____
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Actual Expenses

	Pd by P' Card ✓	Pd by Sch/Div ✓	
Registration Fee (receipt): \$ _____			Was this conference valuable?
Accommodations – Hotel/Motel – (receipt): \$ _____			
or Private @ \$35/night: \$ _____	n/a	n/a	
Transportation (carpooling is encouraged):			
_____ km x \$0.5724 : \$ _____	n/a	n/a	
Airfare: \$ _____			Applicant: _____ Signature _____ Date _____ Administrator / Supervisor: _____ Signature _____ Date _____ Director / Superintendent / CFO: _____ (when required) Signature _____ Date _____
Meals _____ Breakfast @ \$15: \$ _____	n/a	n/a	
(per diem) _____ Lunch @ \$20: \$ _____	n/a	n/a	
_____ Supper @ \$30: \$ _____	n/a	n/a	
Other: \$ _____			
Total payable to Applicant \$ _____			

Submission Date: _____

Office Use Only:

Department	Instructional – Division	Instructional - Decentralized
LEADS/FINANCE 1-2-11-160-224- _____	Teachers 1-2-12-160-223- _____	Teachers 1-2-12-160-223- _____-998
MAINTENANCE 1-2-13-160-224- _____	Non-Teachers 1-2-12-160-224- _____	Support Staff 1-2-12-160-224- _____-998
TRANSPORTATION 1-2-14-160-224- _____	PreK Teachers 1-2-21-160-223- _____-295- _____	Personal PD 1-2-12-160-225- _____-963- _____
	PreK Support Staff 1-2-21-160-224- _____-295- _____	Principals (Vice) 1-2-12-160-226 _____-950- _____