

Professional Development Training/Seminar Request

Name: _____ Date submitted: _____

Job title: _____ School: _____

Title of the activity: _____

Sponsoring Group or Organization: _____

Location: _____

Dates of attendance: _____ Substitute required (circle one) YES NO

Registration Fee: \$ _____ Parking (if applicable) \$ _____

Round-trip Mileage (from school): _____ miles @ .625 (2022 IRS approved amount) \$ _____

Rationale for attendance / What specific knowledge or skill will you learn?

Requests must be submitted no later than two weeks prior to the conference date. Please attach a brochure or flyer (or the like) describing the conference, including dates, descriptions of the activities you will attend, and agendas. Requests submitted without this material will be returned, which could delay or prevent eligibility.

Review/approve based on appropriateness, cost, scheduling, and training.

Approved _____ Denied _____ If denied, provide an explanation:

Supervisor signature: _____ Date _____

Superintendent signature: _____ Date _____