

Request for Approval For Staff Development

Name _____

Date of Request _____

Name of Event _____

Dates of Event _____

Location _____

Registration Deadline _____

Estimated Costs:

Registration Fee _____

Stipend:

_____ \$150 (Staff Request)

_____ \$240 (District Request)

Travel:

Airfare _____

Mileage _____

School Vehicle _____

Other _____

Substitute Teacher for _____ Days

Hotel _____

Any Reimbursement Source/Amount:

_____ Perkins _____

_____ ESU 10 _____

_____ Title II A _____

_____ Other _____

Meals _____

Total Costs to District: _____

Description of Event:

Rationale for Attending:

Approval by Administrator

YES Account to be Charged _____

(Principal to give copies to Business Manager,
Accounts Payable, and Building Principal)

NO Reason for Denial:

(Principal to give copy to Teacher)

Any Conditions and/or Follow-up Requirements:

Principal Signature _____

Date _____