

For Office Use Only:

Date: _____

Original to: _____

Copy to Staff PD File



Professional Development Activity Prior Approval Form

Name: _____ Position: _____

Type of Activity: _____ Date of Activity: _____

Does this Activity require? Check one: *Overnight Lodging*
 and/or Out of State Travel

Number of student contact days absent this year: _____

Date Supervisor was notified: _____

Describe the activity and the connection between the activity and your professional development plan: (If out of state travel is required, explain why.)

Estimated Expenses:

Registration Fees	\$ _____	
Lodging	\$ _____	
Meals	\$ _____	
Travel (53.5 mile)	\$ _____	(includes staff vehicle)
Other	\$ _____	
TOTAL	\$ _____	

Approval and Date:

Supervisor _____ Date: _____

Superintendent _____ Date: _____