

For Office Use Only:

Date:

Original to:

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TO ENGAGE LEARNERS IN WAYS
THAT FOSTER GROWTH & SUCCESS

Professional Development Activity Prior Approval Form

This form needs to be completed when overnight travel is required or any expenses will occur.

Name:	Position:
Type of Activity:	Date of Activity:
Does this activity require? No Check if applicable: _____ 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	\$	(includes staff vehicle)
Other	\$	
TOTAL	\$	

Approval and Date:

Supervisor

Date

Superintendent

Date