

Request for Professional Development Activity

This form must be completed and approved for all Professional Development Activities

Employee Name: _____ Today's Date: _____

Position: _____ Work Location: _____

Type of Meeting/Meeting Description: _____

Meeting Dates: _____ Meeting Location: _____

Estimated Costs:

Travel \$ _____ Lodging \$ _____ Subsistence \$ _____ Registration \$ _____

Other \$ _____ Total \$ _____

Source of Funds/Account Code: _____

Please describe the meeting below, how it will impact your position and abilities, and how it is necessary to your job or Federal Award

******NOTE: Attach a copy of the registration information, agenda and any other pertinent information to this request******

Signature of Employee: _____

Immediate Supervisor Action: Approved _____ Denied _____ Signature _____ Date _____	Program Director Action (if required) Approved _____ Denied _____ Signature _____ Date _____
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Superintendent of Schools Action (if required) Approved _____ Denied _____ Signature _____ Date _____
