

Account No. _____

Purchase Order No. _____

FORM ROUTING

Form goes to: _____ When complete, copy goes to: _____

Principal/Admin. _____ School Administrative Assistant _____ Staff Member _____

SAU _____ School Substitute Coordinator _____

EPPING SCHOOL DISTRICT
Application for Professional Development

Administrator _____ Professional Staff _____ Support Staff _____
 (Please check the appropriate category)

Name _____ Date _____

School _____ E-Mail _____
 (Required for questions and/or notification.)

Type of Request (choose one):

Tuition Reimbursement _____ Number of Graduate Credits _____

Workshop or Conference _____ No. of Professional Development Hours _____

Is this a personal request or a request recommended by school administration?

_____ Personal _____ School Administration

Are you participating as a/an:

_____ Attendee

_____ Presenter (please state topic) _____

Is a substitute required? _____ Yes _____ No

Briefly describe the activity and attach copies of course descriptions, brochures or related materials (be sure to attach completed registration forms):

A. What: _____

B. Where: _____

C. When: _____

D. Why: *(Describe the details of the activity and its purpose including a rationale for the activity and its relationship to the goals of your School and/or your professional learning plan.)*

E. How will you share and/or report on the use of this professional development and its application to your School goals/initiatives? (Please attach additional page if needed.)

Cost of activity:	
Workshop Registration Fee Payable to: _____	\$ _____
or	
Tuition Payable to: _____	
\$ _____ per credit hour x _____ credit hours =	\$ _____
Mileage: _____ miles x IRS rate (currently _____ /mile) =	\$ _____
Other Costs (Explain): _____	
_____	\$ _____
Total Amount Requested:	\$ _____
Your Signature: _____	Date _____

Approved _____	Not approved _____
School Supervisor's Signature: _____	Date _____
Principal's Signature: _____	Date _____

Approved _____	Not approved _____	Total Amount Approved: \$ _____
District Signature: _____	Date _____	

RETURN FORM TO SCHOOL OFFICE

General Criteria for Approving Professional Development Activities

- 1) The form must be completely filled out and approved by supervisor and submitted to school office for processing. Registration forms **must** be attached to workshop requests.
- 2) Submit requests **2 weeks in advance for workshops/ conferences** and **4 weeks in advance for courses.**