

Account #: \_\_\_\_\_ PO #: \_\_\_\_\_

### EPPING SCHOOL DISTRICT

## Application for Professional Development, Additional Training/Curriculum Work

(Form goes to Principal/Admin for approval)

I am a(n) (please check one)...

Administrator                       Professional Staff                       Support Staff

Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

School: \_\_\_\_\_ Email: \_\_\_\_\_  
(Required for questions and/or notifications)

Type of request (please choose one)...

Tuition reimbursement *Number of credits and credit type: \_\_\_\_\_ / \_\_\_\_\_*  
(Graduate, Bachelors...)

Workshop or conference *Number of professional development hours: \_\_\_\_\_*

Additional Training. *Number of full days requested: \_\_\_\_\_* (Teachers receive \$150/each 6 hours of time)

Curriculum Work: \_\_\_\_\_ (Teachers receive \$150/each 6 hours of time)

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

Personal

School administration *Name of administrator: \_\_\_\_\_*

Is this workshop or conference outside of regular work hours?  Yes  No

Are you presenting as a(n)...

Attendee  Presenter *Please state topic: \_\_\_\_\_*

**IS A SUBSTITUTE REQUIRED?**  Yes  No (If yes, please notify substitute coordinator)

Briefly describe the activity and attach copies of course descriptions, brochures or related materials.

Name of Course/Workshop/Activity: \_\_\_\_\_

Location of Course/Workshop/Activity: \_\_\_\_\_

Date(s) of Course/Workshop/Activity: \_\_\_\_\_

Details of the activity and its purpose, please include a rationale for the activity and its relationship to the goals of your School and/or your professional learning plan (attach extra pages if needed):

\_\_\_\_\_  
\_\_\_\_\_

How will you share and/or report on the use of this professional development and its application to your school goals/initiatives (attach extra pages if needed):

Workshop/conference registration fee:	\$ _____
<b>OR</b>	
Tuition:	
_____ per credit hour x _____ credit hours =	\$ _____
Mileage Estimate: _____ miles x current IRS rate (currently _____/mile) =	\$ _____
Other costs, please explain: _____	
_____	\$ _____
Total amount requested:	\$ _____
Your signature: _____	Date: _____

<input type="checkbox"/> Approved <input type="checkbox"/> Not approved	
School Supervisor's Signature: _____	Date: _____
<input type="checkbox"/> Approved <input type="checkbox"/> Not approved	
Principal's Signature: _____	Date: _____
<input type="checkbox"/> Approved <input type="checkbox"/> Not approved	
District Signature: _____	Date: _____
Total amount approved: \$ _____	

**General criteria for approving professional development activities:**

1. This form must be completely filled out and approved prior to being sent to the district office.
2. Submit requests 2 weeks in advance for workshops/conferences and 4 weeks in advance for courses. Additional training/curriculum work is conducted during non-school hours. Compensation will be prorated for less than a full day.
3. **AFTER COMPLETION OF THE WORKSHOP/COURSE/ACTIVITY YOUR CERTIFICATE OF ATTENDANCE (COURSE GRADE) AND PROOF OF PAYMENT, MUST BE SUBMITTED TO BE REIMBURSED. FOR MILEAGE REIMBURSEMENT, COMPLETE THE MILEAGE REIMBURSEMENT FORM.**