



Professional Development Form

If this workshop will be taken for graduate or district credit, complete a *Prior Course Approval* form instead.

Name _____ School _____ Today's Date _____

Employee Signature _____

Activity / Event	Substitute Needed <input type="checkbox"/> Yes <input type="checkbox"/> No Hours _____ Aesop Confirmation # _____
Date(s) of event	Subject / Assignment

Expenses / Registration

Estimated expenses Salary \$ _____ Registration \$ _____ Substitute Fee \$ _____ Meals * \$ _____ Lodging * \$ _____ Vehicle (mileage) \$ _____ Other * \$ _____ Total \$ _____ <small>*Receipts required for payment</small>	Registration Details Registration Required Yes <input type="checkbox"/> No <input type="checkbox"/> Registration Form attached Yes <input type="checkbox"/> No <input type="checkbox"/> Requisition # _____ School Vehicle Needed? <input type="checkbox"/> Yes (request attached) <input type="checkbox"/> No
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Goals

Building / District Goal: <i>How does this activity meet a building or a district goal?</i>	Individual Goal: <i>Outcomes for participating in this activity?</i>
<i>How will this activity enhance students' learning?</i>	

Approvals / Routing

1. Site Committee Date of Committee Review _____ <input type="checkbox"/> Approve Site Funds <input type="checkbox"/> Deny Site Funds Comments/Funding Source: _____ _____ Site Chair Signature _____ Date _____	2. Building Principal <input type="checkbox"/> Approve <input type="checkbox"/> Deny <input type="checkbox"/> With Pay <input type="checkbox"/> Without Pay Comments/Funding Source: _____ _____ Bldg Principal Signature _____ Date _____
3. District Office <input type="checkbox"/> Approve <input type="checkbox"/> Deny <input type="checkbox"/> With Pay <input type="checkbox"/> Without Pay Comments/Funding Source: _____ _____ District Office Signature _____ Date _____	4. Accounting Activity Account Code _____ Substitute Account Code _____ _____ Accounting Signature _____ Date _____