

PROFESSIONAL DEVELOPMENT REQUEST

Date Submitted: _____

MUST HAVE BOARD APPROVAL PRIOR TO ATTENDING THE ACTIVITY
MUST BE SUBMITTED NO LATER THAN ONE WEEK BEFORE THE BOARD MEETING
PLEASE COMPLETE ATTACHED FORM AFTER YOU ATTEND THE ACTIVITY AND RETURN TO THE PERSONNEL OFFICE

Employee's Name _____ School/Program _____

Position _____ (If teacher, grade and subject)

Day and Date of Professional Development Activity _____

Location: _____

Title of Conference/Training _____

Please attach copy of brochure/description

Cost: \$ _____

Estimated Mileage: _____ (round trip)
(go to www.googlemaps.com)

Reimbursement: \$ _____

(Please see page 26 Item F. of UCESC/WEA Agreement)

Rationale for request (How it relates to your PIP or work at the Commission)

Employee will pay for registration and be reimbursed by school district. **(Submit cancelled check and/or credit card receipt with a copy of this approved request to your school office after attending and a requisition will be processed for reimbursement.)**

APPROVAL:

Supervisor

Superintendent

Office Use Only:

Approved by the UCESC Board on: _____

Copy of approved request forwarded to employee on: _____