

## REQUEST FOR PROFESSIONAL DEVELOPMENT

\*\*\*\*\* Form must be completed **FRONT & BACK** for each staff member who will attend\*\*\*\*\*  
Please mark all that apply.

STAFF MEMBER NAME: \_\_\_\_\_ DATE \_\_\_\_\_

YOUR SCHOOL SITE:     MES     WIS     WHS     WCHS

GRADE LEVEL & / OR SUBJECTS YOU TEACH: \_\_\_\_\_

COMMON CORE?  YES  NO

CONFERENCE TITLE: \_\_\_\_\_

DESCRIPTION: \_\_\_\_\_

CONFERENCE DATE(S): \_\_\_\_\_

CONFERENCE LOCATION: \_\_\_\_\_

SUBJECTS TO BE COVERED:     ELA  MATH  SCIENCE  SOC SCIENCE  
 ELD  TECHNOLOGY  OTHER \_\_\_\_\_

COST OF CONFERENCE:        \$ \_\_\_\_\_

ACCOUNT STRING: \_\_\_\_\_

OTHER COSTS:                 SUBSTITUTE  MILEAGE  LODGING  MEALS  
 SCHOOL VAN  OTHER \_\_\_\_\_

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_

Please attach a copy of conference information and all other pertinent documents that may be helpful in filing our final expenditure report.

**APPROVALS:**

\_\_\_\_\_

Principal

\_\_\_\_\_

Date

\_\_\_\_\_

Ellen Hamilton, Director of  
State & Federal Programs

\_\_\_\_\_

Date

**Routing: Site Principal / Site Secretary / Director of S&F Progs/ Accounts Payable**

**Approved** \_\_\_\_\_ **Denied** \_\_\_\_\_ **Funding:** \_\_\_\_\_ **PO#:** \_\_\_\_\_