

Request for Professional Participation

Name _____ School _____ Date _____

Principal() Asst. Prin.() Teacher() Parapro() Other _____

Name of Professional Development _____

Date(s) of PD _____ Location of PD _____

How will this activity relate to your School Improvement Plan?

How will this activity relate to your Professional Development Plan? _____

Will a stipend be awarded? YES () NO () If YES, how much? \$

Cost Breakdown (Please enter <u>cost</u> for <u>each</u> item listed below.)	Item Amount
Registration Fee	\$
Travel Expense (.625 per mile) (Rate subject to change)	\$
Lodging	\$
Meals (if applicable, not to exceed \$50 per day)	\$
Substitute (if applicable, \$70 per day)	\$
Total	\$

➤ An expense form **MUST** be submitted within **10 DAYS** after completing the professional learning activity to receive reimbursement.

➤ **THIS APPLICATION CAN NOT BE USED TO VERIFY PLU'S.**

➤ I agree to share this experience with colleagues when I return.

<i>Self-Pay</i> () Applicant Signature	<i>Local School Funds will Pay</i> ()	<i>Request payment from County Office</i> () Date
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Approved () ➤ <i>Principal, if approved, forward to Michelle Helie</i>	Not Approved () ➤ <i>Reason</i>
Principal (or designee) Signature	Date

Approved ()	Not Approved ()	➤ <i>Reason</i>
Coordinator Signature	Date	

LeaveCode _____ Fund Name/Number _____