

Professional Development/ Substitute Request Form

Name(s) (attach list if necessary) Today's date Date received in Central Office

Building Number of subs needed Date of proposed activity

In-District Requests Reason for substitute request (check one)

____ SAT/PPT ____ Parent Conferences ____ Principal's Request ____ Assessment ____ Nursing Assessment
____ Field Trip (where to) _____
____ Professional (name activity) _____
____ Other (please specify) _____

Out-of-District Professional Development Request

PO # - if given _____

Title of Activity **Have you already registered?** ____ (yes or no)
If YES, attach registration/invoice form – keep a copy

Location: _____ Time: _____ **Registration Deadline** _____

Total payment: _____ Payable to: _____

Activity is connected to District Goal: _____ **Building Goal:** _____

Please provide a short description of how the activity is connected to a District or Building goal: _____

Please note: Once the request has been approved, the form must be completed and signed. The Professional Development/Sub Request Form should be entered into the Absence Management system by the school secretary and then sent to Central Office.

TO BE COMPLETED AT CENTRAL OFFICE – do not fill in

Funding source (check one): ____ Regular Education
____ Special Education
____ Grant (please specify) _____
____ Budgeted Item – Acct. Code _ _ _ _ _

Authorizations

Building Principal Pre-Approval Date Entered into **Absence Management**
Date & Initial

Patty Smith Date Approved in **Absence Management**
Date & Initial

Central Office Administrator Date **2016-2017**