

SHALER AREA SCHOOL DISTRICT PROFESSIONAL DEVELOPMENT REQUEST FORM 2023-24

TO BE COMPLETED BY EMPLOYEE:

Name: _____ Building Assignment: _____

Date(s) of Professional Day Request: _____ Number of previous requests: _____

Substitute required: ☐ YES ☐ NO

Request: ☐ Within district ☐ Outside of district

REQUEST TO ATTEND PROFESSIONAL CONFERENCE OUTSIDE OF DISTRICT

Complete this section ONLY if your request is to attend a conference outside of the district:

Title or topic of meeting _____

1. Sponsoring agency or association conducting the meeting. Indicate if you are a member or an Officer: _____
2. Place of meeting _____ Date(s) _____
3. Number of requests to attend a conference in the 2023-24 school year? _____
4. **Attach** a conference schedule and other informational material. Indicate (highlight) sessions you plan to attend.

YOU WILL BE RESPONSIBLE FOR MAKING REGISTRATION AND TRAVEL ARRANGEMENTS ON YOUR OWN SHOULD YOUR REQUEST BE APPROVED. EMPLOYEES ARE EXPECTED TO USE REASONABLE DISCRETION PRIOR TO EXPENDING SCHOOL DISTRICT FUNDS. PLEASE COMPLETE BACK OF REQUEST FORM.

REQUEST TO ATTEND PROFESSIONAL CONFERENCE/TRAINING **INSIDE** OF DISTRICT

Complete this section ONLY if you are requesting to attend a meeting/training inside of the district.

Purpose of meeting: (check all that apply)

- ☐ Special Education writing day
- ☐ Department meeting
- ☐ Data team meeting
- ☐ ESAP meeting
- ☐ Curriculum Writing
- ☐ Classroom visitations as assigned by administration
- ☐ Other: _____

Person requesting the Professional Release Day:
(check and state name)

- ☐ Administrator _____
- ☐ Teacher _____
- ☐ Department _____
- ☐ Other _____

**If a sub is requested and unable to be secured, you may be asked to return to your teaching assignment instead of attending the professional release day.*

NOTE: ALL EMPLOYEES REQUESTING ATTENDANCE AT PROFESSIONAL CONFERENCES MUST BE WILLING TO PRESENT AT AN IN-SERVICE ACTIVITY & ALSO SHARE INFORMATION AT A FACULTY MEETING.

PROFESSIONAL DEVELOPMENT ROUTER AND APPROVAL SHEET
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TO BE COMPLETED BY TEACHERS requesting OUT OF DISTRICT conferences/trainings ONLY:

Give estimate of expenses involved. Approved expenses will be reimbursed only upon the presentation of verifying itemized receipts, with the exception of mileage. Expenses for alcoholic beverages are not reimbursable.

	<u>Estimate</u>
a. Travel (auto, air, etc.)	_____
b. Registration	_____
c. Lodging	_____
d. Meals	_____
e. Parking	_____
f. Miscellaneous (specify)	_____
_____	_____
TOTAL	_____

Expenses to be paid from account below:

<input type="checkbox"/> IDEA	2271.580.520. _____ .00
<input type="checkbox"/> Title I	2271.580.411. _____ .00
<input type="checkbox"/> Title II-A	2271.580.421. _____ .00
<input type="checkbox"/> Title II-D	2271.580.424. _____ .00
<input type="checkbox"/> General Fund	_____

Encumbrance No. _____

g. Substitute Needed ____ # of Days ____

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TO BE COMPLETED BY BUILDING PRINCIPAL

Approved ____ Disapproved ____ SIGNATURE: _____ DATE: _____

Justification: _____

How many teachers have requested and have been approved to attend this conference? _____

Names: _____

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TO BE COMPLETED BY DIRECTOR OF STUDENT SERVICES

(Approval only for: Special Education Staff, Guidance, Nurses, Psychologists, and Social Workers)

APPROVED: _____ DISAPPROVED: _____ REMARKS: _____

SIGNATURE: _____ DATE: _____

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TO BE COMPLETED BY ASSISTANT SUPERINTENDENT

(FINAL DISPOSITION OF REQUEST)

APPROVED: _____ DISAPPROVED: _____ REMARKS: _____

SIGNATURE: _____ DATE: _____