

SHALER AREA SCHOOL DISTRICT PROFESSIONAL DEVELOPMENT REQUEST FORM 2021-22

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 2021-22 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) <ul style="list-style-type: none"> <input type="checkbox"/> Special Education writing day <input type="checkbox"/> Department meeting <input type="checkbox"/> Data team meeting <input type="checkbox"/> ESAP meeting <input type="checkbox"/> Curriculum Writing <input type="checkbox"/> Classroom visitations as assigned by administration <input type="checkbox"/> Other: _____ 	Person requesting the Professional Release Day: (check and state name) <ul style="list-style-type: none"> <input type="checkbox"/> Administrator _____ <input type="checkbox"/> Teacher _____ <input type="checkbox"/> Department _____ <input type="checkbox"/> Other _____
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**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

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>	Expenses to be paid from account below:
a. Travel (auto, air, etc.)	_____	<input type="checkbox"/> IDEA 2271.580.520. ____ .00
b. Registration	_____	<input type="checkbox"/> Title I 2271.580.411. ____ .00
c. Lodging	_____	<input type="checkbox"/> Title II-A 2271.580.421. ____ .00
d. Meals	_____	<input type="checkbox"/> Title II-D 2271.580.424. ____ .00
e. Parking	_____	<input type="checkbox"/> General Fund _____
f. Miscellaneous (specify)	_____	Encumbrance No. _____
_____	_____	
TOTAL	_____	
g. Substitute Needed ____ # of Days ____		

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: _____

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: _____

TO BE COMPLETED BY ASSISTANT SUPERINTENDENT

(FINAL DISPOSITION OF REQUEST)

APPROVED: _____ DISAPPROVED: _____ REMARKS: _____

SIGNATURE: _____ DATE: _____