ESSEXVILLE-HAMPTON PUBLIC SCHOOLS

PROFESSIONAL DEVELOPMENT REQUEST

☐ **Building Request** ☐ **District Request**

DIRECTIONS:

Step 1: Discuss Professional Development opportunity with your Building Principal and/or Lori Flippin.

Step 2: Complete all required information below.

Step 3: Make sure your Building Principal signs request, **THEN** send to Lori Flippin at the Mark Jaffe Building for final approval.

Step 4: Once approved, remember you are responsible for registering for the conference/in-service, making your hotel reservations and travel arrangements. **SAVE ALL RECEIPTS.**

Step 5: If a purchase order is necessary before the conference, work with your **Building Principal/Secretary** (for a Building Request); for a District Request, work with **Lori Flippin/Joyce McNally.**

Step 6: When more than one person attends the same conference, transportation should be arranged jointly.

REQUIRED INFORMATION

Name: _____

School: _____ Grade:_____ Subject:_____

Name of Conference: _____

Location: _____ / _____
(site) (city/town)

Dates of conference: _____ Sub days needed: _____

PROFESSIONAL DEVELOPMENT

Identify the Building/District goals the conference/in-service addresses:

SHARING CONFERENCE/IN-SERVICE INFORMATION:

___Will share with Building Staff ___Will share with District Staff

___Will share across District Grade Level or at Department Meeting

CHECKLIST FOR TEACHERS:

BEFORE CONFERENCE:

____ Complete Steps 1-6 above

____ Complete "Estimated Cost" Section (at the right)

Before sending form to MJB:

a.___ Attach Registration information

b.___ Attach Lodging information

c.___ Get approval/signature (below) from Bldg. Principal

d.___ Make a copy for your files; forward the ORIGINAL copy to MJB

AFTER CONFERENCE:

____ Attach receipts to your copy, complete "Actual Cost" Section, send to **Principal** (Building Request) or to **MJB** (District Request) for reimbursement.

EXPENSES:	**(BEFORE CONFERENCE) Estimated Cost**	**(AFTER CONFERENCE) Actual Cost**
1. Registration Fee	$_____	$_____
2. Lodging	$_____	$_____
3. Meals (estimated)	$_____	$_____
4. Transportation : ____miles @ $.____	$_____	$_____
Other:_____ _____	$_____	$_____
TOTAL PROFESSIONAL DEVELOPMENT REQUEST:	$	$

_____ _____ _____ _____

Principal Date Lori Flippin, Assistant Superintendent Date

FOR OFFICE USE ONLY: **ACCT. #** (Bldg. Request): _____ Principal's Initials:_____

ACCT. # (District Request): _____ District's Initials:_____