

**NORTH ST. FRANCOIS COUNTY R-I SCHOOL DISTRICT
REQUEST TO ATTEND PROFESSIONAL DEVELOPMENT OPPORTUNITY**

1. Employee Name: _____
2. Employee's Building: _____
3. Subject of Meeting: _____
4. Place of Meeting: _____
5. Dates of Meeting: _____
6. Actual Time Away from School: _____
7. Organization or Department/Building Represented: _____
8. Others in District Who Plan to Attend: _____
9. School Improvement Area Addressed: _____
10. Estimate of Total District Expenses: *(A General Payment Requisition with all receipts attached must be completed and sent to the Professional Development Coordinator before any reimbursement will be issued.)*
 - A. Travel – Total Miles per PDC Grid: _____
 - B. Lodging – Price Allowed per PDC Grid: _____
 - C. Registration – per PDC Grid: _____
 - D. Cost of Substitute: _____

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DATE SUBMITTED: _____
(Requests not submitted two weeks prior to activity will be payroll deducted unless mandated by administrative leave. Please ATTACH workshop information describing conference topics as they relate to the school improvement plan.)

Employee	Date	Building PDC	Date
Building Principal	Date	Coordinator of Professional Dev. &/or Director of Special Services	Date
Assistant Superintendent	Date	Superintendent	Date

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Request Approved
 Request Denied