Individual Staff Development Request Finance
Code-306-Staff Development

SD Use Only (copies)
SD Committee
Office (for Sub)
Office (for Payment)
Applicant

Name of Staff Member

_____

Today's Date_____

Description of Staff Development Activity (attach a copy of the information if possible)

Title: _____

Activity Date (s):_____

Location:_____

Costs:

Registration: _____

Substitute:_____ Full Day or from the hours of ___ to___

Name of Substitute:_____

Transportation/parking _____ School Car: Yes___ No___

Meals:_ _ _ _ _ _ _ _ _ _

Lodging: _____

If yes: Departure time _____

Estimate of return time_____ Number of Adults _____

Gas Reimbursement:_____

Miscellaneous _____

Total Costs: _____

Circle number (s) of activities which align with one or more of the staff development goals:

1. Opportunities for Content Expertise
2. Opportunities to fulfill credit requirements for license renewal
3. Opportunities to improve student achievement in the area (s) of reading and math.
4. District Goals: (AIW, Ramp Up, Etc.) _____

Describe how student learning will be improved:

_____

_____

_____

_____ _____

Staff Signature Staff Development Chair Signature

_____

Superintendent Signature