

**Watertown Public Schools
FY26 PD Request Form**

Please submit in duplicate on PINK paper BEFORE the PD start date. A copy will be returned to you.

NAME _____ TODAY'S DATE _____

SCHOOL _____ DATE(S) OF PD _____

POSITION _____ PD COST \$ _____

Name of PD _____ PD Provider _____

Substitute Required

Yes No

Type of PD

- In-service Training
- Conference/Workshop
- Curriculum Work
- EDCO/Primary Source
- Other (please explain) _____

(For tuition reimbursement requests for graduate credit, please use the WHITE Tuition Reimbursement Form)

Reason for request. (You must attach any supportive data/information including brochures, pamphlets, correspondence, etc. that show content and pricing of PD.)**

How does this align with student or professional goals?

Employee Signature _____ Date _____

Approval - ** Please have your Principal and Coordinator/Dept Head sign BEFORE PD start date with school PD Account number and then send to Christine Carletti at Central Office.**

Funding Source/Budget Account Charged _____

Curriculum Coordinator/Director's Initials _____

Principal's Signature _____

Asst. Superintendent's Signature _____ Date _____

***Reimbursement will occur only after all approval signatures are complete and proof of attendance and payment are submitted to Christine Carletti at Central Office Please submit receipts for reimbursement as soon as possible after the PD concludes to guarantee reimbursement.**