Professional Development/Course Attendance and Reimbursement Request Form

For ALL Staff

To be completed before attending the professional development

<u>To use this form:</u> *You do not have editing rights to this form; you must save as a copy. (File>Make a Copy) - Add your name to the title with the date.*

Person requesting the PD - please complete steps 1, 2, then 4 (after approval), and 6 and 7 (after completing PD). (color coded in yellow) Supervisor to complete Steps 3, 5, and 8. (color-coded in blue)

This request is for a: _____ Course _____ Workshop (Please submit a separate request for each course/workshop.)
I would like to use the PDPs for horizontal movement: _____ yes _____ no.

1. Please complete the following information:

Date of request:	**Date(s) of event:**
Your Name:	**Your Address:**
Your School(s):	
Workshop/Course Title or Course Number:	
PDPs/Instructional Hours/Credits to be given:	
Location/Institution:	

Workshop/Course Description/Justification (Provide your supervisor with a paper copy or **link** of the course/workshop description for their review)**:**

Complete this section only if this is a College Course:

Is this a graduate or undergraduate course?	Is it a requirement for a degree you are working toward (matriculated)?	Have you taken a similar course before?	If so, please give the approximate date.	Number of credits

Estimated Itemized Expenses:

Workshop fee	travel (.725/mile) *as of 2-19-2026

or

Course tuition & fees	District Reimbursement	The reimbursement amount is determined according to your contract. Please refer to it to make this calculation.

Payment (Please check and complete):

	Are you planning to pay for the workshop/course and then get reimbursed?
To whom should the reimbursement check be issued? (name)	
	Would you like the district to pay the institution directly?
Institution that you would like the PO/payment sent to, and address:	

2. "Share" (blue button, top right corner) this form with your Building Principal (or your direct supervisor), and the sub caller. Make sure to select "Can Edit" from the sharing options. ***If you are a special education teacher or nurse, you must also share this form for approval with the Director of Pupil Personnel Services.***

3. Supervisors, please provide the following information. ***If you are a special education teacher or nurse, you must also share this form for approval with the Director of Pupil Personnel Services***

Account #/Funding Source:	
Total estimated expenses:	
Requisition(s) #(s):	

	Principal/Direct Supervisor approves this workshop request.
	Principal/Direct Supervisor denies this workshop request. Indicate reason:
	Sub-Caller has been notified (Sub-Caller should check this box.)

****YOUR REQUEST IS NOT APPROVED UNTIL ALL APPLICABLE SIGNATURES BELOW ARE PRESENT.**
Administrators: Once you sign, "share" this form with the next signer until all necessary signatures are present.

Role:	**Signature:**	**Date:**
Principal		
If applicable, Director of PPS		
Assistant Superintendent		
Superintendent		

Once your workshop has been approved, the Superintendent or their secretary will email you and cc the building secretary.

4. Teacher/one requesting PD - must notify the building secretary to request the PO Number.

5. The Building Secretary or the appropriate person generates the PO Number(s) for each payment request

PO Number(s)	

6. After Completing the PD

Total up your reimbursable expenses.

Total of all expenses to be reimbursed:	

WORKSHOPS ONLY: **Please provide an itemized breakdown of expenses**

registration fee	travel ($0.725/mile)*as of 2-19-2026

7. Complete the form below. Once you have completed it, you need to print it, attach all of the necessary documentation (copy of PDP certificate, transcript, etc.) WITH A PAPERCLIP (DO NOT STAPLE), and submit it to your Building Secretary.

Please check and circle all that apply.

	I am seeking reimbursement for the registration fee and have attached proof of payment **(canceled check, credit card receipt, or bill marked paid).**
	I am seeking mileage reimbursement and have attached the following proof of mileage **(MapQuest or Google Maps).**
	I am seeking reimbursement for other expenditures such as supplies, meals (except alcoholic beverages), tolls, parking expenses, and/or lodging. I have attached the following proof **(original receipts*).** *Food receipts must include a detailed list of all items.
	I want to use the PDPs towards district horizontal movement.
	I am not seeking reimbursement; however, I want to use the PDPs towards district horizontal movement.
	Other: (please complete)

It is your responsibility to track your PDPs and professional credits. However, as a courtesy, the Office of Curriculum is more than happy to keep a record of PDPs and credit earned in your PD file. If you would like us to keep these records, please submit to the curriculum office a copy of the PDP certificate or transcript and a copy of this completed worksheet.

8. The Building Secretary will have the Principal sign off (below). Then, copy and paste the PO numbers below, along with the name of the person to whom the check should be made payable. Bundle the receipts, then submit to Suzanne Sumner in Accounts Payable.

**********For office use only**********

Date:	P.O. Number(s):
Approved by Principal (must be a physical signature):	Amount to be paid:
Please make the check payable to:	
Entered on Warrant:	

Updated 2-19-2026