Dundee Community Schools
Professional Development Request Form

Name:_____Date:_____
Building:_____
Position: _____
Title of Conference/Workshop:_____

Location of Conference/Workshop:_____

Date(s) of Conference/Workshop:_____ Date(s) of sub required: _____
Hours of Conference/Workshop: _____hrs.

Nature of the Conference/Workshop (Brief Description): REP ID:_____*(admin. use)*

Is this conference/workshop related to building, district, or school improvement plan goals? If so, How?

Estimated Expenses

Approval

Registration fees: $ _____
Sub Cost: $ _____
Mileage:_____X ____per mile $ _____
Hotel (Name): $

Total **Approved**

Total Estimated Expenses: $ _____

I assure the Dundee Community Schools' Administration that my purpose for absence from work is as stated above, and misrepresentation or inappropriate use of professional development time will be justified cause for disciplinary action. I also agree to make a brief report about my professional development at the first available staff meeting, and I will submit a professional development evaluation form to the principal following the conference/workshop.

Employee Signature _____ Date _____

Principal's Approval _____ Date _____

Curriculum Director's Approval _____ Date _____

Funding Source:
Account Name:_____ Acct #: _____
__ No Cost Sub Acct # _____

Evaluation form submittal date: _____

PD Request Number: