

STAFF DEVELOPMENT - PROFESSIONAL GROWTH FORM

Name _____ AP SE BW FE ME MW HS CE

Grade _____ Class/Content Area _____

Description of Request/Workshop:

Number of days _____ Dates _____

Stipend	\$ _____
Substitute Fees (1/2 day \$68, Full Day \$136 – Support Staff: \$11.00 per hour)	\$ _____
Registration Fees	\$ _____
Materials/Miscellaneous	\$ _____
Subscription/Membership Fees	\$ _____
Lodging	\$ _____
Total Cost	\$ _____

Describe how this activity aligns with one or more of the district staff development goals as well as your site goals:

Requested Funding (circle one)

- Site Staff Development
- Professional Growth

Please check one:

_____ I am requesting 100% payment (not for college credit).Total \$ _____

_____ I am requesting 75% payment of workshop (If you're earning college credit)Total \$ _____

My payment of 25% is enclosed. Make checks payable to *District 885*.
 (Professional Growth & Staff Development cannot be used to pay for college credit)

Please check one: (attach pertinent information)

_____ I have forwarded the registration fees & forms myself.

_____ Please forward the attached registration and/or fees on my behalf.

_____ No registration materials are necessary for this request.

REQUESTED BY _____ DATE _____

APPROVED BY _____	DATE _____	Amount: _____	BUDGET CODE _____
APPROVED BY _____	DATE _____	Amount: _____	BUDGET CODE _____
APPROVED BY _____	DATE _____	Amount: _____	BUDGET CODE _____

Payment info: (to be completed by the business office)

Check number _____ Date mailed _____ Amount _____