School District of Greenfield

Request for Participation in Professional Development - Teachers

(This form must be completed when you need a substitute or if you will be out of the district. Requests must be submitted to the Building Principal 10 days prior to the date requested.)

***For Use By Staff Making Request***

Name(s):

Date(s):       School:

Name of Event:

*(Include a copy of meeting announcement/registration form)*

Day(s) and Date(s) of Event:       Time(s):       Location:

Expenses: Meals       Lodging       Travel       Fees

Substitute Required? Yes No If yes,  All Day  AM Only  PM Only

If AM or PM only, please check all class periods that require a substitute: 1 2 3 4 5 6 7 8 9

Follow-up Planned: (Check all that apply)

Implement in classroom.  Lead workshop to train others.

Distribute handouts to staff.  Assist in training others.

Present at staff meeting.  Other

***For Principal Use Only*** Recommend Do Not Recommend

Expenses paid by:

Employee  Building Budget #      CO Administrator

Comments

Date       Principal Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***For District Office Use Only***

Yes, you may attend.

Registration will be reimbursed by the district. It is your responsibility to send in fee ahead of time.

Registration fee is your responsibility.

Registration fee will be paid directly by the district.

Registration/expenses will be reimbursed by the district up to $50.00.

All additional expenses will be your responsibility.

All additional expenses will be reimbursed by the district.

District meeting.

District request, all expenses will be reimbursed.

District request, all expenses will be paid by the district.

Substitute teacher and salary will be provided for the day(s).

No, you may not attend.

The day is closed to all leaves, your request is regretfully denied.

Someone else is representing the district.

Does not apply to your teaching area or goals.

Other

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District Office Administrator Date Requested By

Substitute Account Code # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Visitation \_\_\_ SIT/NCA \_\_\_ Curriculum \_\_\_ Staff Development \_\_\_ Professional Conference \_\_\_ Other