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