UDASD PROFESSIONAL DEVELOPMENT REQUEST FORM

Purpose: To request approval for professional development activities. Submit a hard copy of form to principal. Deadline: This form must be received and approved one month in advance of the professional development activity.
Employee Information
Name: Building: | Date:
Professional Development Plan Details
Name of training, workshop, or conference:
Sponsor:
Date(s):
Location:
Rationale:
Provide details describing objectives, topics, and content that will be covered in this activity.
Explain what you intend to learn that would be beneficial to you professionally.
How does this training/development relate to your role at UDASD?
How will your attendance at this activity benefit our students?
Will you be a presenter at this activity?

Projected Expenditures:	
Is this for FLEX TIME yes no	No. of hours:
Circle one: EMPLOYEE REQUEST X or DISTRICT ASSIGNED	
Substitute Needed? yes no	How many days?
Registration Cost: $	
Lodging: $	How many nights?
Travel $	Total $
Approval	
Employee signature:	Date:
Principal signature:	Date:
Superintendent signature:	Date:

Report: Upon your return, please submit a report regarding the professional development you attended. Include how you will share this with your colleagues. Print the report and submit it to the principal.

For reimbursement for mileage and conference fees please fill out and submit the MILEAGE/EXPENSE REIMBURSEMENT FORM.

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