



Staff Development Form

Updated 3/29/21



Please submit completed form to the district administrator at least **two weeks** in advance.

Employee Name(s):		Date Submitted:
Name of conference/convention/event:		
Event date:	Event location:	
Is a sub needed? <input type="checkbox"/> AM Only <input type="checkbox"/> PM Only <input type="checkbox"/> All Day <input type="checkbox"/> No sub needed <input type="checkbox"/> Other:		
Please specify the teacher standard(s) or alignment to the PPG/SLO that will be addressed by this professional growth opportunity:		

List estimated minimum expenses

Travel <i>(must complete Vehicle Request form if school vehicle is needed)</i>	\$
<i>Note: no reimbursement for personal vehicles if school vehicle is available</i>	
Hotel <i>(registration is responsibility of participant, cost may/may not be approved)</i>	\$
Meals <i>(\$30/day limit)</i>	\$
Registration <i>(must attach completed conference/convention/event registration paperwork)</i>	\$
<input type="checkbox"/> Participant registers online with Purchase Order # _____ <input type="checkbox"/> Bookkeeper faxes registration using Purchase Order # _____ <input type="checkbox"/> Bookkeeper encloses check with registration form & mails	
Other <i>(please specify)</i>	\$
Total Estimated Expenses	\$

TO BE COMPLETED BY DISTRICT BOOKKEEPER

Actual expenses – return copies of all receipts to the District Bookkeeper

Travel	\$
Hotel	\$
Meals	\$
Registration	\$
Other	\$
Total Expenses	\$
	+ / - Difference \$

Administrator Processing *(initial appropriate box)*

- Disapproved (reason: _____)
- Approved (budgeted amounts cover all expenses cited above)
- Approved for \$ _____ (budgeted amounts partially covered)

Administrator Signature _____ Date _____

Form Distribution: Participant District Administrative Assistant Bookkeeper