

This form is to be emailed to Judy Justin at Judy.justin@lcsk12.org

Limestone County Schools

Professional Development Request Form

District Title I/ Title II/Title III & PD Funds

Date submitted to
Central Office

_ / _ / _

School Name				
Purpose and Person Responsible for Workshop				
Destination (Location, City, State)				
Date and Time of Professional Development	Number of days away from school: _____ Professional Development Dates _____ Full Day ____ Half Day ____ (a.m. ____ p.m. ____) Rotating Substitutes _____ <i>(Do not enter into AESOP –process as Extra Pay Subs)</i>			
Teachers and school staff who will be attending:	Teachers/Staff (Print Name)	Length/Sub Needed __ 1/2 day __ I day __ No sub needed	Teachers/Staff (Print Name)	Length/Sub Needed __ 1/2 day __ I day __ No sub needed
		__ 1/2 day __ I day __ No sub needed		__ 1/2 day __ I day __ No sub needed
		__ 1/2 day __ I day __ No sub needed		__ 1/2 day __ I day __ No sub needed
		__ 1/2 day __ I day __ No sub needed		__ 1/2 day __ I day __ No sub needed

FUNDS USED TO PAY FOR SUB

Funding Code (Required)	Name of Fund	Choose one of the following categories:	Signature Required for Approval
	Local School Funds	Principal - (If fund source is not otherwise indicated, default is local school.)	
	Title I Funds	Principal and Federal Programs Director	
	Title II Funds	Principal and Federal Programs Director	
	Title III Funds	Principal and Federal Programs Director	
	County PD Funds	Executive Director and/or CSFO	
	State PD Funds	Principal and/or CSFO	
	Other	Executive Director and/or CSFO	

Teacher's Signature

Principal's Signature