

1/14/11

STAFF DEVELOPMENT EMPLOYEE REQUEST/APPROVAL FORM

Name of Employee _____ Date of Request _____

Date(s) of workshop _____ Workshop Site _____

Name of Workshop _____

Is a substitute needed? Yes No If yes, date(s) needed _____

Is the workshop germane to your field? Yes No

Briefly state the goals of this workshop _____

EXPENSE WORKSHEET	
Estimated Expenses	Actual Expenses
Registration _____	Registration _____
Lodging _____	Lodging _____
Meals _____	Meals _____
<i>(Breakfast - \$7; Lunch - \$10; Dinner - \$15)</i>	
Mileage _____	Mileage _____
@ _____ /mile	@ _____ /mile
<i>(Personal vehicle - \$.41/mile; School vehicle - \$.51/mile)</i>	
Substitute _____	Substitute _____
<i>(Total substitute pay per day - \$107.49)</i>	
Other _____	Other _____
TOTAL _____	TOTAL _____

Signature of Employee

THIS SECTION TO BE COMPLETED BY STAFF DEVELOPMENT COMMITTEE

Approved

Not Approved
Reason:

Amount Approved:

Elementary Funds

Secondary Funds

Site Grant Funds

Carry-Over Funds

Other Funds

Signature of Staff Development Committee Chair

Signature of Superintendent