

FAYETTEVILLE CITY STAFF DEVELOPMENT REQUEST

Please reference guidelines for requesting professional development funds

Name of Person Requesting Activity _____

Date/ Location _____

Staff Development Activity Title _____

Brief Explanation of Relevance _____

Potential Funding Source(s) _____

Plan for payment of substitute _____

Resource, Fee, Travel Expense List _____

Plan for facilitation of information upon return _____

Targeted Audience _____

Hotel Name _____ Address _____

Hotel Phone and Fax _____

Registration or Conference Info (Please list link or attach form) _____

Attendee Signature _____

Principal Signature _____

Supervisor of Funding

Source _____

****Please note that submission of this form does not guarantee permission for attendance**

You will be notified by appropriate supervisor if approved.

All staff development must be principal approved even if it is being funded by various programs (Ex: Title, SPED, PreK, CTE etc.)

****Please note that all receipts, confirmations and invoices must be returned to central office**

Rev. 10-14-14