

Professional Development Fund Request Form

IMPORTANT: Please read the guidelines prior to completing this form.

Instructions: Part I, II and III are to be completed by the applicant. Part IV by the PDF committee. *If approved*, reimbursement is contingent upon submission of all documentation per the guidelines. **Submit original and two copies of this application to: Professional Development Fund c/o Human Resources – Education Center. (Please make a copy for your files)**

Part I – Type or Print

Last Name	First Name	Middle Initial	Social Security #
Street Number/Name	City	State	Zip Code
Telephone # _____			
School or Office: _____		Assigned Subject/Grade Level _____	
Name of Meeting: _____ (do not abbreviate)			
Place of Meeting (City / State) _____			
Date(s) of Meeting: _____ Circle Appropriate Quarter 1 2 3 4 Summer			

Part II - Expenses

Complete prior to Trip	Cost	Amount Approved
Registration Fees	\$	\$
Transportation (airlines, bus, etc)	\$	\$
Mileage – Personal Car (number of miles only)	mi.	mi.
Meals	\$	\$
Lodging	\$	\$
Total Expenses	\$	\$
Number of days a substitute is needed (maximum of 3 days) _____		

- A. Yes No Are you a full time teacher?
If no, what % of time are you paid? _____
- B. Yes No Are you a curriculum Council Chair or Designated delegate?
- C. Yes No Have you ever used this fund before?
If yes, indicate year? _____
- D. On attached sheet, explain how this meeting DIRECTLY relates to your ASSIGNED teaching responsibilities or school program focus.

A form either APPROVING or DENYING this request will be sent to the applicant. **IT IS THE RESPONSIBILITY OF THE APPLICANT TO PAY EXPENSES THAT HAVE BEEN APPROVED IN PART II.** Reimbursement occurs AFTER the conference upon submission of appropriate documentation.

Part III

I certify that the above information is true. _____
(Signature of Applicant/Date)

Part IV - To be completed by PDF Committee

Approved: _____ Yes _____ No Approved Reimbursement \$ _____

Total Payment: \$ _____

Number of Substitute days: _____ X \$85.00 = _____

Signature of PDF Committee Member _____ Date _____
IF YOU DO NOT USE THE APPROVED ALLOCATION – PLEASE LET THE COMMITTEE KNOW IMMEDIATELY