

Cameron R-1 School District (revised July 2014)
Professional Development Request Form
Please Print One Copy

Name: _____ Building: PV MS HS CO

Workshop/Conference Name: _____

Date(s) of the workshop/conference: _____

Location of workshop/conference: _____

Will a substitute teacher be needed? Yes No If yes, for how many days? _____

*You must fill out a request for leave form to have a substitute scheduled. Indicate that your absence is due to PDC.

Total Expenses Requested:

Workshop/Conference Fees: _____

Please include a copy of the workshop flyer or a link to the web address.

Substitute Teacher: _____

Substitute teacher pay is \$75.00 per day.

Mileage: _____

Mileage will be reimbursed at a rate of \$0.505, please utilize the district mileage chart or include total miles for van.

Meals: _____

Allowance of \$25.00 per day when staff member is required to stay overnight. One-day requests for meals are non-refundable.

Accommodations: _____

Total Amount Requested to attend workshop/conference: _____

Reason for Attending:

How does this professional development correlate to your Professional Growth Plan, Building Improvement Plan, and/or the CSIP?

Building Principal Approval: _____ Date: _____

Central Office Approval: _____ Date: _____