

Professional Development Request Form

Cape Elizabeth School Department

Staff Member's Name:	
School Position:	

PD Title:	
Organization:	
Location:	
Date(s):	
Cost:	

Rationale for attendance: Please attach any add'l documentation (e.g., brochure, flyer, etc.) to this form and submit it to your supervisor for approval.	
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Building Supervisor's Signature:	
Date signed:	
Account Code:	
Purchase Order Number:	

1. Upon approval, please attach this form to a purchase order, which must be completed prior to registering for the activity.
2. If applicable, please create an absence in [Frontline](#) for coverage.
3. Please note that requests for travel reservations (e.g., transportation, hotel) including mileage reimbursement must be made separately using [forms](#) available on the district website.

Assistant Superintendent's Signature:	
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