

SOUTH HEART SCHOOL DISTRICT #9

PROFESSIONAL DEVELOPMENT

REQUEST FORM

Name of Staff Member: _____

Grade Level/Subject: _____

Name/Description of Professional Development Requested (attach schedule):

Dates: _____

Location: _____

Estimated Cost (updated January 1, 2024):

- | | | |
|----------------------|----------|------------------------------------|
| 1. Registration: | \$ _____ | |
| 2. Motel: | \$ _____ | (_____/night x _____ nights) |
| 3. Mileage: | \$ _____ | (_____ miles x \$.67/mile) |
| 4. Meals: | \$ _____ | (B-\$9.00 / L-\$14.00 / D-\$22.00) |
| 5. Substitute Costs: | \$ _____ | (_____ days x \$145.33/day) |
| 6. Other: | \$ _____ | _____ |

TOTAL \$ _____

Signature of Staff Member _____ Date _____

Building Principal Approval _____ Date _____

Superintendent Approval _____ Date _____