

### STAFF DEVELOPMENT PRE-APPROVAL

Employee: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

Title: Workshop/Course/Training: \_\_\_\_\_

Date: \_\_\_\_\_ Offered By: \_\_\_\_\_

Location: \_\_\_\_\_ Presenter: \_\_\_\_\_

Is this experience in any way required or mandated by your job? Yes/No

Describe your reason for attending: \_\_\_\_\_

### ESTIMATED DISTRICT COSTS

Enter amounts requested. If there are no costs for a category, mark n/a. All meals will be reimbursed, daily and overnight trips. Meals will be reimbursed at the following rates: Breakfast, up to \$14.00, Lunch, up to \$18.00 and dinner, up to \$25.00. (Be sure to keep all receipts and attach them to a reimbursement request form upon return)

COST	CODE
Registration Fee: _____	<input type="radio"/> Elementary Staff Development
Substitute: _____	<input type="radio"/> High School Staff Development
Lodging: _____	<input type="radio"/> District Wide Staff Development
Mileage: _____	<input type="radio"/> 21 <sup>st</sup> CCLC Grant
<input type="radio"/> School Vehicle?	<input type="radio"/> YIP Grant
Meals: _____	<input type="radio"/> American Indian Education Funds
Other: _____	<input type="radio"/> Athletics
	<input type="radio"/> Activity Fund
	<input type="radio"/> Special Education
	<input type="radio"/> Other: _____
	_____
	_____

### ATTACH COMPLETED ABSENCE FORM

This request is: \_\_\_\_\_ approved \_\_\_\_\_ denied \_\_\_\_\_ more information/form not complete

Staff Development Rep Initials \_\_\_\_\_ Superintendent Initials \_\_\_\_\_

## COLLEGE CREDIT PRE-APPROVAL

Employee: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

College/University/Sponsor: \_\_\_\_\_

Title: Workshop/Course/Training: \_\_\_\_\_

Number of Credits: Semester \_\_\_\_\_ Quarter \_\_\_\_\_ Clock Hours \_\_\_\_\_

Dates: \_\_\_\_\_

Course or Program Description:

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- ☐ District Sponsored Credit \_\_\_\_\_
- ☐ College Credit \_\_\_\_\_
  - ☐ Course # \_\_\_\_\_
  - ☐ Credit(s) \_\_\_\_\_

This request is: \_\_\_\_\_ approved \_\_\_\_\_ denied \_\_\_\_\_ more information/form not complete

Superintendent Signature \_\_\_\_\_ Date \_\_\_\_\_