SOUTHEAST DELCO SCHOOL DISTRICT PROFESSIONAL DEVELOPMENT REQUEST

Please complete and submit this request to your Principal/Supervisor at least **four (4) weeks** prior to the deadline for applying, registering, or making travel arrangements to present at or participate in external professional development opportunities.

This form must be completed for any external training opportunities that involve:

- District or grant funding
- Reimbursement, including mileage
- Contracted time out of the district

arrangements.	
Employee:	Date:
Assignment:	Building:
Staff	Development Opportunity Information
Гitle:	
Date(s):	
Location:	
How will this opportunity help you to	fulfill or enrich your job responsibilities?

Check <u>all</u> appropriate boxes:

☐ I will need a substitute.	☐ I will need to stay overnight.					
☐ I will complete my registration.	☐ I will need to be registered.					
	Expected Expense	es				
Registration: \$	Mileage: \$		Hotel: \$			
Travel: \$	Meals: \$		Total: \$			
Funding						
Funding Source:				-		
Budget Code:				-		
Upon completion, please forward this form with all supporting conference documentation, to the office of Curriculum & Instruction.						
Employee Signature:						
	Date:					
Principal/Supervisor's Signature:	Approved Date:	Not Approved	_			
Director of Curriculum & Instructio	n: Approved \square Date:	Not Approved [
Superintendent's Signature:	_	Not Approve	ed 🗆	-		

Following approval, the original documents will be sent back to the building Principal and copies will be held at the Director of Curriculum and Assistant Superintendent's offices.