

For Office Use Only:

Date:

Original to:

Copy to Staff PD File



COPESD
TO ENGAGE LEARNERS IN WAYS
THAT FOSTER GROWTH & SUCCESS

**Professional Development Activity
Prior Approval Form**

Name:	Position:
Type of Activity:	Date of Activity:
Does this activity require? Check if applicable: _____ Overnight Lodging _____ and/or Out of State Travel	
Number of student contact days absent this year:	
Date Supervisor was notified:	
Describe the activity and the connection between the activity and your professional development plan: (If out of state travel is required, explain why.)	

	Estimated Expenses
Registration Fees	
Lodging	
Meals	
Travel w/o Staff Vehicle (miles x IRS mileage rate)	
Travel with Staff Vehicle (yes or no)	
Other	
Estimated Total	

Approval and Date:	
Supervisor	Date
Superintendent	Date
Account Code # _____	