

**Request to Attend Professional Development Activity, Event,
or Purchase Materials for Building Target**

Teacher's Name: _____ Date of Request: _____

Activity/Event: _____
(attach a copy of the published description)

Address: _____

Phone: _____ Fax: _____

Date(s) of Activity or Event: _____ Actual Clock Hours: _____

Itemize materials, expenses needed for this event/activity to meet the building target:

Registration Fee: _____

Hotel Lodging: _____

Mileage: _____ miles @ _____ cents per mile (see mileage chart)

Substitute _____

PDC Goal/School Improvement Concern: _____

How does attending/participating in this activity/event support the district CSIP and building target goals? (Specific concern/goal)

Teacher's signature: _____ Date: _____

Building Principal's signature: _____ Date: _____

PDC Bldg. Representative's signature: _____ Date: _____

PDC: _____ Approved _____ Disapproved _____ Date: _____
(revised 8/09)