

# PROFESSIONAL DEVELOPMENT PRE-APPROVAL REQUEST

Name of Workshop/Training/Conference: \_\_\_\_\_

Type of PD:  In District  Out of District but In State  Out of State  Shoebox Registration

Date of PD: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Date Year

Day: S M T W Th F S

Is this a contract day?  yes  no

Is this a student contact day?  yes  no

Time: \_\_\_\_\_ to \_\_\_\_\_ Number of PD hours requested: \_\_\_\_\_ Description of PD attached: \_\_\_\_\_

Location of Training: \_\_\_\_\_ Name of Instructor: \_\_\_\_\_

Description of Training: \_\_\_\_\_

Number of Subs \_\_\_\_\_ Person(s) Attending: \_\_\_\_\_

## Funding:

**Alternate Funding** Complete and attach the alternate funds request form found on the pd webpage. Send funding form with this preapproval to the appropriate CAO director for alternate budget approval) .  Alternate Funding Approved

**Building Funding:**  no funds needed  attendee will pay  building fund

Administrator's signature below indicates approval of professional development and compliance with all funding guidelines for expenditures from building funds. Substitutes are the responsibility of the building administrator.

**Total Amount Requested:** \_\_\_\_\_ **Building Fund Category:** \_\_\_\_\_

(check applicable expenditures )

_____ Conference Fee	_____ Mileage	Dates of Travel: to: _____ return: _____
_____ Meals	_____ Airfare	
_____ Hotel	_____ Other _____	

\_\_\_\_\_  
Person Submitting Request / Date

\_\_\_\_\_  
Principal/Supervisor Signature / Date

**Submit form and attachments to CAO in time for approval PRIOR to the event. Failure for prior approval may result in no professional development credit being awarded.**

**CAO/PD Review:** Original at CAO: \_\_\_\_\_ Copy to Principal: \_\_\_\_\_ Copy to Alternate Funding: \_\_\_\_\_

Approved \_\_\_\_\_ Disapproved \_\_\_\_\_ Incomplete information/Resubmit: \_\_\_\_\_

\_\_\_\_\_ Approved: building principal or CAO facilitator responsible for sign in sheets, documentation of attendance with a copy of the preapproval form and final product (if applicable). Teacher posts credit to Shoebox.

\_\_\_\_\_ Sign in Sheet required Preapproval Number: \_\_\_\_\_

Submitted sign in sheet to CAO for final PD credit to be granted with paper documentation. Teacher will post in Shoebox.

Shoebox number: \_\_\_\_\_ Register electronic / presenter prints sign in sheets and returns to CAO: Jennings.

PD credit is posted electronically to the teacher's Shoebox. No other documentation required.

\_\_\_\_\_ Approved: Non District Provider-attendee is responsible for attaching documentation of attendance from provider to a copy of this form and posting credit to Shoebox

\_\_\_\_\_ Request for out of state/out of country travel Superintendent: \_\_\_\_\_

\_\_\_\_\_  
CAO/PD Administrator

\_\_\_\_\_  
Date