

- CERTIFIED PERSONNEL -

Out-Of-State Professional Development

Employee Number: _____	School Location Code: _____	Date(s) of Training ____-____-____ ____-____-____	Level: (circle) Primary Intermediate Middle School High School Central Office Classified	<input type="checkbox"/> Inst. Leadership <input type="checkbox"/> Prof. Dev # of Hours: _____ For Credit: <input type="checkbox"/> Yes <input type="checkbox"/> No	Funding Source: School Funds School PD District PD Inst. Leadership ESS Title I Title II Title IV Special Ed. Other: _____
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Participant's Name: _____ Date Submitted: _____

Please Check Administrator Teacher Classified (Specify) _____

Name of Workshop/Training: _____

Location of Workshop/Training: _____

Name of Presenter(s): _____

Name of Substitute Teacher: _____ Employee #: _____

Signatures of school personnel verify that permission has been granted and, if requested, expenses are approved for this activity.

Participant's Signature Date

P.D. Coordinator's Signature Date
(optional based on funding)

School Principal/Supervisor's Signature Date

Budget:	Project Code:
Obj. Code Description	
0120 Substitute (certified)	\$
0113 Stipends	\$
0580 Travel (Lodging, meals, mileage)	\$
0810 Registration	\$
Total	\$

District P.D. Coordinator/Program Director's Signature Date

Superintendent's Signature Date

This form will not be processed unless all of the above information is completed!

Review/Revised:7/15/08