

STAFF DEVELOPMENT REQUEST FORM

Jackson County Central Schools

Please submit this form to the staff development committee prior to their monthly meeting.

Name(s) of staff attending: _____

Workshop/Activity Title (please attach summary/description of activity):

Please explain how the workshop/activity relates to your individual growth plan, your PLC SMART goal, and/or district and site goals: _____

State when/how you will be sharing the information gained at the workshop/activity with your grade level team and/or PLC: _____

Workshop Date(s): ____/____/____ ____AM/PM to ____AM/PM

Until ____/____/____ ____AM/PM to ____AM/PM

Workshop Location: _____

Date of Request: ____/____/____ Building: _____

Estimated Expenses

| | |
|----------------------|---|
| Registration Fee: | |
| Lodging: | |
| Meals: | (Maximum Amount Allowed: Breakfast - \$10, Lunch - \$15, Dinner - \$20) |
| Transportation Cost: | School Van (preferred) Personal Vehicle (\$0.56 per mile) |
| Substitute Costs: | Circle One - Full Day: \$126.50 Half Day: \$63.25 |
| Stipend: | |
| Other Expenses: | |
| TOTAL AMOUNT: | |

Building Administrator Notification (signature): _____

Staff Development Committee: _____ approved _____ declined

Comments:

*You must submit a separate substitute request form and/or vehicle form to your building administrator.
Submit a voucher with receipts attached for reimbursement to building administrators.*