



## Clio Area Schools Professional Development Pre-Approval Form

**Staff members should request leave to attend educational meetings at least two (2) weeks in advance.**

According to Clio guidelines for professional staff (3243), only three days per school year (beyond the district's professional development plan in the Master Agreement) are allowed.

Six hours of a conference/workshop (or a series of workshops/conferences) is considered a full-day of professional development. No more than one full-day professional development credit can be accrued on any given day.

Employee Name:	Today's Date:
School:	Position:

Title of Workshop/Conference:				
Date(s) of Workshop/Conference:				
Location of Workshop/Conference:				
Number of Hours of Workshop/Conference:				
Will a Substitute be Needed? (circle)	Yes	No	Whole Day	Half Day
Employee Signature:				

Number of school days (this year) you have already used for conference attendance (please circle):	0	.5	1	1.5	2	2.5	3
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**ATTACH A COPY OF THE WORKSHOP/CONFERENCE FLYER, BROCHURE, OR AGENDA**

**Notes:**

1. If your professional development request is approved, this form will be returned with a signature from the Assistant Superintendent for Curriculum and Instruction along with a ***PD Evaluation Form***.
2. You should take the approved copy of this form to the workshop/conference to obtain a signature from the presenter or other official to verify attendance.
3. Upon completion of the professional development event, you must complete the ***PD Evaluation Form*** and return it to the Curriculum office within one week.

	Central Office Only				
	EG	MH	JN	CS	MH
Signature Verifying Attendance at Workshop/Conference					

Anticipated Expenses		
Registration		Costs associated with professional development activities are limited to <b>\$100 per diem for lodging and \$25 per diem for meals.</b> Travel costs will not be reimbursed. School vehicles may be available for travel to and from an educational meeting. Itemized bills/and or receipts must be provided before reimbursement can be made.
Lodging		
Meals		
Total		

- If approved** - Sign/date below and indicate what account number will be charged for the registration and other costs. Once those steps have been completed, send to the Curriculum Office.
- If approved, but costs are charged to a grant or federally/state funded program** - Sign/date below and send to the Curriculum Office to determine funding source.
- If denied** - Return form to staff member

		11-1- _____ - _____ - _____ - _____ - _____ - _____
Signature of Principal/Supervisor	Date	Account

For **Central Office**

- Approved
- Denied

Signature of Assistant Superintendent for Curriculum and Instruction	Date

Account to be Charged for Substitute Costs (if applicable):	
Source	Account
Title I	11-1- _____ - _____ - _____ - _____ - _____ - _____
Title II	11-1- _____ - _____ - _____ - _____ - _____ - _____
Special Education	11-1- _____ - _____ - _____ - _____ - _____ - _____
Building	11-1- _____ - _____ - _____ - _____ - _____ - _____
Athletics	11-1- _____ - _____ - _____ - _____ - _____ - _____
District	11-1- _____ - _____ - _____ - _____ - _____ - _____
Other	