WESTPORT COMMUNITY SCHOOLS

Office of Human Resources

PROFESSIONAL DEVELOPMENT REQUEST FORM

CONFERENCE, WORKSHOP, MEETING, OR CONVENTIONS

On trips involving expense (including cost of paying a substitute) to the School Department, the business office must be provided with the following information and said ***event must be approved three (3) weeks in advance by the Superintendent***.

DO NOT REGISTER UNTIL ALL SIGNATURES HAVE BEEN OBTAINED!

Date of Request: _____ Name: _____

Building: _____ Position: _____

Name of Workshop: _____

Date(s) of Meeting: _____

Full Address of Meeting: _____

Purpose of this Professional Development: _____

If fees and/or travel/mileage are not applicable enter zero "0" in these 2 lines:

Estimated Expenses Registration Fee: _$_____

Travel/Mileage: _$_____

If seeking mileage please enclose directions with mileage to and from the event, directions to and from should be the shortest distance possible (either from your school or home).

Department or Grant responsible for paying expenses above: _____

I will require a substitute? YES NO

Please attach a description, email detailing event, or syllabus of Professional Development Event. You must complete the registration for your PD.

1. Employee: _____
2. Supervisor: _____ DATE: _____
3. Special Education Director: _____ DATE: _____
4. Director of Curriculum: _____ DATE: _____

Revised: November 5, 2018