BAKER SCHOOL DISTRICT 5J

Professional Development Reimbursement

I, __________________________, request approval of Professional Development Reimbursement in the amount of $ ______________ for the ________ to ________ school year. I will be attending classes, educational meetings, conferences, workshops, or observations at_______________________________________________________________.

These are related to district curriculum and/or professional development goals in the following ways:

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

1. Approval by Superintendent is required before registration.

2. After approval and prior to event, submit this form to the personnel office.

3. After completion of the course, provide the personnel office a copy of your receipt(s) (canceled check, credit card statement, etc.), for classes, conference fees, meals (at the District rate), lodging and transportation. Reimbursement will take approximately two weeks after receipt of these documents.

Submitted by________________________________________________ Date

Superintendent Approval__________________________________________ Date

FOR DISTRICT OFFICE USE ONLY

Date This Form Received:__________ Amount of Reimbursement:________________

Transcripts Received:________________

Receipts Received:________________

Approved:________________

Date Approved:________________

Rev. 5/2017

---PHOTOCOPY ON YELLOW PAPER---