

**SWARTZ CREEK COMMUNITY SCHOOLS
Professional Development Activity Form**

Forms must be submitted **TWO WEEKS PRIOR** to activity. One participant per form.

Please attach a registration form and a signed check request with this form.

ALL FIELDS MUST BE COMPLETED OR IT WILL DELAY THE APPROVAL PROCESS!

Teacher's Name: _____ Today's Date: _____

District /Building: _____ Grade/Subject: _____

Title of workshop/conference: _____

Date(s) of workshop/conference: _____ Location of workshop/conference: _____

Hours of workshop/conference From: _____ a.m./p.m. To: _____ a.m./p.m.

***Each person is responsible for their own registration. Central Office will NOT register for you.**

Substitute Teacher Needed:	No	Yes	Half Day AM	Half Day PM
			Custom	From _____ To _____

Funding Source(s): Must be filled out. If no cost, please put \$0.

Registration Amt.: _____ ASN: _____

Does a registration form need to accompany payment (if so, please attach)? YES NO

***Each person is responsible for registering. This is for payment purposes only.**

For Secretary/Admin Use Only:

Title IA Special Ed. General Fund

Check Request Attached (if necessary) TMP # (if necessary) _____

Teacher Signature: _____ (Date)

Building Administrator Signature: _____ (Date)

Asst. Superintendent of Instruction Approval: _____ (Date)

***New teachers within first 3 years of employment in teaching Section 1526 ***

CONFIRMATION OF WORKSHOP ATTENDANCE ~ For Section 1526 ONLY

Once the workshop/conference has been completed, please sign and return this entire form to the Personnel Office within one week of the completed conference. All hours will be credited once we have received this form.

Please keep a copy of this form for your records

Signature of Teacher: _____ Date: _____