John Stark Regional High School
Professional Development Request for Time and Reimbursement

Professional development request forms should be completed in advance of the workshop and submitted to the principal's executive secretary. Once the form is approved, a purchase order to the employee will be processed. When the employee receives a copy of the purchase order, only then can they be assured of reimbursement. After attending the workshop, please provide a copy of the receipt and certificate of attendance to the executive secretary. Reimbursement will occur after the next SAU manifest is approved.

Please provide the following information for any professional development workday exceptions and reimbursement.

Employee Name: ___________________________ Date Form Submitted: ________

Date of Professional Development Requested: ____________________________
(Please indicate if this is a non-school day)

Name of Workshop: ______________________________________________________

Cost of Workshop: ________ Approved: [ ] Yes [ ] No _______ (principal's initials)

Substitute Required? Yes [ ] No [ ] . . . for the following blocks: A B FLEX/ADV C D E F G H

IMPORTANT: You are responsible for finding a sub if only one block needed.

I am requesting reimbursement for travel related expenses: [ ] Yes [ ] No
_______ mileage ________ lodging ________ meals (include anticipated amounts)

Travel expenses approved: [ ] Yes [ ] No _______ (principal's initials)

(Travel expenses not normally provided for local conferences.)

Additional funding requested from the principal beyond CBA funds: $___________.

Additional funding approved: [ ] Yes [ ] No _______ (principal's initials)

Employee Signature: ___________________________________________ Date:____

Coordinator Signature: ___________________________________________ Date:____

Principal Signature: ___________________________________________ Date:____

MAIN OFFICE USE ONLY

Date Requisition Entered: __________
Date PO Received/Approved: __________
Funding Source: __________________________________________

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