

District PD Request Form 2020

Name: _____	Date: _____
PD Fund Source: <input type="checkbox"/> Minne: 01-150-640-000-316-366 <input type="checkbox"/> THHS: 01-320-640-000-316-366 <input type="checkbox"/> WKHS: 01-310-640-000-316-366 <input type="checkbox"/> WKE: 01-140-640-000-316-366 <input type="checkbox"/> QComp <input type="checkbox"/> Minne: 01-150-203-000-335-366 <input type="checkbox"/> THHS: 01-320-211-000-335-366 <input type="checkbox"/> WKHS: 01-310-211-000-335-366 <input type="checkbox"/> WKE: 01-140-203-000-335-366 <input type="checkbox"/> District: 01-005-640-000-316-366 <input type="checkbox"/> Other: _____ (Special Ed, etc.)	Position: <input type="checkbox"/> Administrator <input type="checkbox"/> Teachers <input type="checkbox"/> Support Staff <input type="checkbox"/> Paraprofessional <input type="checkbox"/> Nurse <input type="checkbox"/> Bus Driver
Activity Title: _____	Date(s): _____
Activity Location: _____	
Cost of Activity: Registration _____ Mileage _____ (\$.575) Transportation _____ Lodging _____ Meals _____ (see rate table on pg 2) Sub Cost _____ (teacher/\$138.48) Total Request: _____	
Please provide justification for requesting attendance of this activity and explain its applicability to performing your job, your PGP goal(s), Q Comp goal or district goal(s). 	
Employees Signature: _____ Date: _____ Forward completed form as follows: Administrator – Superintendent Teaching Staff – Site PD Committee Support Staff – Administrator Paraprofessionals – District PD Committee Nurse, Driver's – District PD Committee QComp - QOC Committee	
PD Committee Signature: _____ Date: _____ <input type="checkbox"/> Approved – complete attached voucher with funding code <input type="checkbox"/> Denied/Reason	

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Procedures and Guidelines

(The person requesting the professional development funds will be known as the “individual”)

- Step 1 The individual completes the request form
- Step 2 The completed form is given to the appropriate committee for approval
- Step 3 Upon approval, the committee will return the signed copy to the individual and keep a copy for the committee’s records
- Step 4 The individual will make arrangements for lodging and registration ahead of time with the appropriate administrative assistant; a copy of the PD form and a **coded** Expense Claim/Check Request form will be given to the district office
- Step 5 For expenses that occur while attending the event such as meals, parking, taxi, mileage and etc., the individual will attach receipts to a coded Expense Claim/Check Request form and attach that form to another copy of the PD request form; all forms will be turned into the district office
- Step 6 The individual should keep copies for their own records

**copies of all forms can be found on the district website under District/Business Office - scroll down to Forms

Meal Reimbursement Rates

Breakfast: \$8.00
Lunch: \$10.00
Dinner: \$20.00

**Itemized, detail receipts required for payment