

Millard School District 2016-17 Professional Development Request Form

Educator completes this form and submits it to the principal

Date: _____

Educator's Name: _____

Educator's School: _____

Professional Development Request: _____

Associated Costs	
Conference Registration:	
Lodging: (District rate is \$90.00/night, excluding tax)	
Meals: (Breakfast/\$7.00, Lunch/\$10.00, Dinner/\$15.00)	
Mileage: (District rate is \$.41/mile)	
Substitute Name: _____ (\$75.00 average)	
Total Cost of Professional Development Activity:	

Note: Educator bears the cost of professional development activities upfront. Once the activity is completed, educators should request reimbursement from the district on a district claim form, along with conference registration and lodging receipts.

Educator Signature

Principal Signature

Forward this completed form to the Director of Curriculum and Student Services