

PROFESSIONAL DEVELOPMENT REQUEST

Prior Approval Required

Funds used: ___ Title IA ___ Title IIA ___ Title III ___ Title IV

Notice: This requested activity must be in alignment with your school's current approved Professional Development Plan and the Title II law. Activities which are not in alignment with both will not be reimbursed as per guidelines from the State Department of Education.

Teacher Name(s) _____
School _____
Teaching Assignment (Grade and Subject) _____
Number of Students to be affected by this training: _____ Date(s) of Activity _____
Virtual _____ In Person _____

Location, Title, Description of Activity, and Link to Registration
Please attach registration form (if applicable), agenda, and information from the Website.

What identified learning goal, in your approved PD Plan, will this activity target? _____

Budget Estimate:	Registration	\$ _____
	Lodging	\$ _____
	Meals	\$ _____
	Travel (mileage or airfare)	\$ _____
	Substitute	\$ _____
	Other	\$ _____
	Total Request (estimate)	\$ _____

I hereby confirm that I have reviewed the Maury County Board of Education travel policy and will request only those expenditures that are in alignment with that policy, have been prior approved with this request, and can be documented. I also agree to submit all appropriate documentation in a timely manner for reimbursement. (Travel form, required receipts, agenda, PD certificate and evaluation form)

_____ Teacher(s) Signature	_____ Date of Request	* _____ Email Address of Teacher(s)
_____ Principal Approval Signature	_____ Date of Request	
_____ Federal Programs Director/Coordinator	_____ Date	<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved

If approved, and upon completion of activity, I also hereby agree to submit one complete original set of all documents to the Central Office for payment and file a copy set with the principal.

