

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 School Improvement 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 _____

Location, Title, and Description of Activity

What identified SIP goal and action step will this activity target? _____

Budget Estimate:	Registration	\$ _____
	Lodging	\$ _____
	Meals	\$ _____
	Travel	\$ _____
	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.

Teacher Signature

Date of Request

* _____
Email Address of Teacher

Principal Approval Signature

Date of Request

Federal Programs Supervisor/Coordinator

Date

Approved

Not Approved

3 Hour Extension Activity

Required

Not Required

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.