Professional Development and Travel Request Form

Name	Building/Position	Date of Request

Event	Location	Date(s) of Event

Please complete and submit at least 2 weeks before the event. Approval is based on the following criteria:

- Alignment to KCSD District and Building Goals -
- Availability of Substitutes -
- Associated Costs to District -
- Time of Year (ISASP, Start/End of Year, etc.) -
- Frequency of PD Requests -

1. Registration

Estimated Registration Cost(s): _____

a. Registration Fees

b. Attach a copy of the workshop flier or provide a link to detailed information about this opportunity:

_____

2. Transportation

Estimated Transportation Cost(s):

a. Airfare/Train _____

b. Uber/Rideshare _____

c. Parking/Tolls _____

d. Mileage _____

* Use of a personal vehicle is discouraged and will be reimbursed at the current federal rate (.675 per mile) only if a district vehicle is not available.

TOTAL TRANSPORTATION ESTIMATED COST: _____

e. District Vehicle Requested: _____ Yes _____ No

f. Name of Driver(s): _____ * Driver(s) must have a license on file with KCSD Transportation.

g. Departure Date: _____ Departure Time: _____

h. Return Date: _____ Return Time: _____

3. Hotel

a. Check-In Date: _____ Check-Out Date: _____

b. Staff Names Needing Rooms: _____

* Please obtain a RECEIPT prior to checking out and submit upon your return.

4. Meals

Estimated Meal Cost(s): _____

a. Meal Reimbursement $50(Max)/Day

* Please obtain ITEMIZED RECEIPTS and submit upon your return. * Alcohol should NOT be on the reimbursement receipts.

5. Substitute(s)

a. If a SUB is needed, indicate that in FRONTLINE with your PD absence entry.

_____ Yes _____ No

6. Rationale

a. How will this improve your practice and/or support student growth?

(continued on back)

6. Rationale (continued)

b. How will you share what you learned with others?

c. Will this support your PD Plan and/or Evaluation? Why or why not?

_____	_____	_____
SIGNATURE	**DATE**	**TOTAL ESTIMATED COST**

Central Office Use Only

_____ This request has NOT been approved.

_____ This request has been approved for $ _____.

Substitute Needed: _____ Yes _____ No

District Vehicle Needed: _____ Yes _____ No

Registration Fee PO # _____

Hotel PO # _____

Airfare/Amtrak PO # _____

Code # _____

PD Coordinator Signature: _____ Date: _____

Building Principal Signature: _____ Date: _____

Director of Curriculum & Instruction Signature: _____ Date: _____