

Mercer County Special Services School District

2023-2024

Workshop/Staff Development/Professional Day Request

Directions: As part of the application process for a Professional Day, this form must be completed in full. Once completed, this form should be forwarded with the brochure related to this conference/training to the Office of the Assistant Superintendent through the administrator of your school/program. Please retain a copy for your files.

Note: ALL PROFESSIONAL DEVELOPMENT REQUESTS NEED TO BE APPROVED PRIOR TO ATTENDING CONFERENCE/WORKSHOP!! This form is to be submitted at least 45 days in advance of the effective date of departure for Board approval.

Staff Member: \_\_\_\_\_ Date of Request: \_\_\_\_\_

Program/School/Work Assignment: \_\_\_\_\_

Dates of Conference/Training: \_\_\_\_\_ Number of Workdays: \_\_\_\_\_

Title of Workshop/Conference/Training or Site Visit: \_\_\_\_\_

PIP Objective: \_\_\_\_\_

and/or

Building Level Objective: \_\_\_\_\_

\_\_\_\_ Brochure is attached.

1. Substitute personnel is required for this absence: \_\_\_\_\_ Yes \_\_\_\_\_ No

2. Cost of Registration \$ \_\_\_\_\_

3. Request that Cost of Registration be issued by the District \_\_\_\_\_ Yes \_\_\_\_\_ No

IF YES to 3.

4. Registration to be paid by: CHOOSE ONE

\_\_\_\_\_ PO issued and paid to Vendor by District

\_\_\_\_\_ Staff Member to pay registration directly and be reimbursed by the District after required documentation is received including Conference Summary Form and approved by administration

5. Submitting Mileage Reimbursement: \_\_\_\_\_ Yes \_\_\_\_\_ No

IF YES to 5: Attach Business Travel Reimbursement Form

(For Office Use Only – Account Number \_\_\_\_\_)

Maximum amount approved by MCSSSD: \$ \_\_\_\_\_

Approval: \_\_\_\_\_

Principal

\_\_\_\_\_

Date

\_\_\_\_\_

Assistant Superintendent

\_\_\_\_\_

Date

\_\_\_\_\_

Superintendent

\_\_\_\_\_

Date

\_\_\_\_\_

Business Administrator

\_\_\_\_\_

Date