

Hancock County Public Schools

PROFESSIONAL DEVELOPMENT/PROFESSIONAL MEETING APPROVAL FORM

Please complete your form electronically and forward to the principal. If there is any doubt if you need a sub or not – be sure to check with your principal and make sure it is appropriately marked on your form. You must complete the Budget portion of the form to designate the proper fund(s) that will be paying for any necessary line items. The principal will pre-approve **and e-mail the form back to you.** Enter Aesop to create your PD absence and upload the pre-approved form as a Word .doc. Once the principal has clicked the button in Aesop for their approval, the director of professional development will approve the absence in the system to allow Aesop to find your sub. Once a sub is secured they will be working that absence. Once the form is approved by all parties, a copy will be e-mailed to payroll for accounting purposes and re-uploaded to Aesop. **Thank you!**

Name: _____

Date of Request: _____

Workshop Title: _____

Workshop Type: Professional Development/Learning
 Professional Day (meeting/field trip/other)

Dates of Workshop: _____

Location: _____

Reason for Wanting to Attend: _____

(Required) Please Present an <u>estimated budget with funding source(s)</u> before your request can be considered: Expenses (to be turned in monthly):	FUNDING SOURCE(S)					
	District General Fund	Title 2	School Title I	School SBDM	Other School Fund (*specify below)	Other Fund (*specify below)
Mileage roundtrip # of miles ___ x ___ cents (Only if there is no board vehicle available for transportation.) \$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Parking/Transportation Cost \$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cost of Food: # of days ___ x \$40.00 (Must have hotel receipt for reimbursement.) \$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cost of Lodging: # of days ___ x Room Cost \$ ___ \$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Registration fees for event \$ ___ \$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stipend (beyond contracted time) \$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teacher Substitute (Max. sub salary is \$150/day) \$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Expense (specify) ___ \$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Expense (specify) ___ \$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Total projected individual budget for this request: \$	Mark the appropriate funds above.					

I am requesting a teacher substitute. YES NO

I am requesting professional development credit for attending this training. YES NO

I agree to conduct a workshop and/or share knowledge with other teachers in the district upon return. YES NO

Principal Approved Workshop Request: YES NO

Not Approved:

Principal Approved Substitute Request: YES NO

Principal Signature _____ Date _____

Principal Signature _____ Date _____

Approved:

Not Approved:

Director of Professional Development/
Superintendent Designee Signature _____ Date _____

Director of Professional Development/
Superintendent Designee Signature _____ Date _____