

## 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: \_\_\_\_\_

<b>(REQUIRED) Please present an <u>estimated budget with funding source(s)</u> before your request can be considered:</b>  Expenses (to be turned in monthly):	FUNDING SOURCE(S)					
	Di str ict Ge ner al Fu nd	Ti tl e 2	Sc h oo l Ti tl e I	Sc h oo l S B D M	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"/>
<b>Other Parking/Transportation Cost</b> \$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Cost of Food:</b> # 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"/>
<b>Cost of Lodging:</b> # of days __ x Room Cost \$ _____ \$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Registration fees</b> for event \$ _____ \$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Stipend</b> (beyond contracted time) \$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Teacher Substitute</b> (Max. sub salary is \$150/day) \$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Other Expense</b> (specify) _____ \$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Other Expense</b> (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: \$ _____	<b>Mark the appropriate funds above.</b>					

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 \_\_\_\_\_

