

**RELEASE TIME REQUEST FORM
PROFESSIONAL/STAFF DEVELOPMENT CONFERENCES**

NAME _____ TODAY'S DATE _____

POSITION & BUILDING _____

REQUEST FOR: _____ CONFERENCE _____ OBSERVATION _____ VISITATION _____ OTHER _____

TITLE/TOPIC _____

DATE(S) _____ LOCATION _____

Briefly describe the professional growth anticipated through participation in this activity: _____

****For PDC Requests, please attach a copy of any brochure or pertinent information relating to conference**

EXPENSES REQUESTED: Travel _____ miles at _____ per/mile \$ _____
 Lodging _____ nights at _____ per/night \$ _____
 Registration Fees \$ _____
 Food \$ _____
 Miscellaneous (tolls, parking, etc.) \$ _____
 Substitute (if needed) Teacher: \$ _____ per/day \$ _____
 Support Staff: \$ _____/hr Aide: \$ _____/hr HRT: \$ _____/hr
 TOTAL ESTIMATED COST \$ _____

Please check one:
 Administrator
 Teacher
 Support Staff

Check Here If Requesting Administrative Approval

_____	Recommended?	_____	Recommended?
Principal Signature Required	Yes No	Supervisor Signature Required	Yes No

Source of Funding: _____ String # _____
 Substitute String # _____

A form for reporting eligible activities for Act 48 credit hours will be forwarded if requested.
 You may be asked to share what you have learned from the professional development activity.

EXECUTIVE COMMITTEE ACTION _____ PDC _____ Non-PDC _____ SCHOOL BOARD APPROVAL

_____ Approved _____ Disapprove DATE _____

Disapproval Reason _____

_____ PDC Coordinator Signature _____ Date _____ Superintendent Signature _____ Date _____