

Application for Professional Learning Activity

(Form One of Two ****IF**** for Reimbursement)

Check One:

_____ Out-of-District Workshop or Conference (even if not seeking reimbursement)

_____ In-district Alternate PD Plan (For reimbursement only - otherwise, enter directly in Protraxx)

NAME: _____ DATE OF ACTIVITY: _____

Program Title: _____
(Attach copy of brochure or printout of offering)

Program Content: _____

Relevant Connection(s) (circle all that apply):

District Goals

School Goals

Team/Grade/Dept Goals

Evaluation Goals

Curriculum, or Instruction, or
Student Learning Objective (SLO)

Explain:

Activity Date: _____ Is sub required? _____ Full or Partial Day? _____

It is the teacher's responsibility to register, pre-pay, and submit for substitute coverage.

Registration Costs: \$ _____

Are You Requesting Mileage? If so, _____ (# of miles) x \$0.67 = \$ _____

TOTAL FUNDS REQUESTED: \$ _____

Have you attended any other PD this year using your allotment? ___ YES ___ NO

Other reimbursements this year: \$ _____

(NOTE: If approved, compensation is provided up to, but not exceeding, the \$200 annual PD allotment, in accordance with the EGEA contract.)

Signature of Faculty/Staff

Date Submitted

Principal's Signature

Date Signed

Administrator, Board of Education

Date Signed

Distribution: Applicant, please submit completed form to building principal, then Board of Education Office. If applicable, submit a copy to the Director of Student Support Services. **Keep a copy of receipts and forms for your records.** **Follow-up:** After completion of activity, submit **Verification of Completion Form** for payment.

To Principal: Indicate if reimbursement is from Building/District accounts and not from teachers contracted amounts, which requires district PRE-APPROVAL.