

PHILIPSBURG-OSCEOLA AREA SCHOOL DISTRICT

PROFESSIONAL DEVELOPMENT FORM

Employee	Building
Conference Title	
Location	Date(s)

Link to your professional goal:
 District NCLB Theme District Strategic Goal Building Initiative Curriculum Revision Other

How will the information gained through this experience impact the students and be shared with colleagues?

Note: Daily meal costs that exceed \$30.00 shall be the responsibility of the staff member. Further, if the difference between the actual expenses and estimated expenses exceed 10%, the difference shall be the responsibility of the staff member.

Estimated Expenses: Registration: _____	Principal: Date:
Transportation: _____ miles x \$.56 = \$ _____	
Meals: _____ days x \$30.00 = \$ _____	Superintendent/Board Approval: Date:
Lodging: _____ days x \$ _____ = \$ _____	Superintendent/Board Rejection: Date:
Substitute: _____ days x \$90.00 = \$ _____	** _____ Must be included on timesheet and/or reimbursement form or the form will be returned to you.
Miscellaneous: _____	
Total: \$ _____	

Funding Source (Administrative Use) Principal must include **complete** budget code prior to submitting for Superintendent signature. _____

Staff Signature _____ Date _____

Admin. Office Copy

Payroll Dept. Copy

***Once you receive the approved form back, you will need to make copies to attach to an expense reimbursement request or time sheets in order to be compensated for any extra time due to the professional development.**

Revised – 01/2021