

Staff Development Application

****All items must be completed on this form. Use \$0 or n/a as warranted.**

****Please follow the protocol on the Staff Development Process sheet.**

NAME _____

SELECT FUNDING SOURCE: Check or Explain if two + funding sources will be used.

Note: If your SD activity involves both elementary and HS site and you work on both campuses, please check BOTH sites so expenses may be split.

_____ District (E-01-005-640-000-316-366) _____

_____ Elementary Site (E-01-015-640-000-316-366) _____

_____ High School Site (E-01-020-640-000-316-366) _____

TITLE, DESCRIPTION AND LOCATION OF REQUESTED INSERVICE:

PARTICIPATION DATE: _____

REGISTRATION DEADLINE: _____

PAYMENT DEADLINE: _____

MAKE CHECK PAYABLE TO: _____

ADDRESS: _____

LODGING PHONE #: _____

LODGING CONFIRMATION #: _____

***Please follow protocol on the Lodging Instructions/Hotel Reservations Sheet

COSTS

REGISTRATION COST \$ _____

LODGING COST \$ _____

SALARY COST \$ _____ (i.e., when you are the presenter)

SUBSTITUTE PAY COST \$ _____

-calculate \$113.15 per full day. This rate includes benefits.

MEALS (code 366) \$ _____

-calculate \$13.00 or 1/2 day and up to \$25 for full day

TRANSPORTATION \$ _____

-Calculate mileage at 55 cents/mile whether requesting school van or personal vehicle use.

MODE OF TRANSPORTATION (check one)

_____ SCHOOL VAN

_____ PERSONAL VEHICLE

-Employees are required to use the school van when it is available.

-Personal vehicle use will be permitted if the school van is in use, or upon committee approval.

REASON FOR USING PERSONAL VEHICLE _____

OTHER COSTS _____

TOTAL COSTS: \$ _____

Upon completion of this form---please send a copy to your Staff Development Site Chairperson.