

KITTATINNY REGIONAL HIGH SCHOOL

PRIOR APPROVAL FOR REQUEST OF PROFESSIONAL DEVELOPMENT DAY/WORKSHOP
COMPLETE THIS FORM AND FORWARD TO YOUR
IMMEDIATE SUPERVISOR

Employee's Name _____ Date Submitted: _____

Grade/Dept. _____ Date(s) Requested for Prof. Dev. _____

Explanation of Prof. Dev. Day _____
(Attach description at this time)

Employee Must Complete this Section related to Professional Development Day.
Projected Cost to District for your Professional Development Day:

Will you require a sub? _____

of days you require a sub for this request: _____

Registration Fee for Workshop, Conference, Seminar, etc. \$ _____

Location: _____ Round Trip Mileage: _____

Do you anticipate any other costs? _____

What may those costs be? _____

This Professional Development Day is recommended by:

Supervisor; Principal; Director of Special Services; or Other: _____

WITHIN TWO (2) WEEKS OF RETURN FROM THE PROFESSIONAL DEVELOPMENT DAY, YOU ARE REQUIRED TO SUBMIT A "FOLLOW-UP EVALUATION FORM TO YOUR PRINCIPAL. Brief description of work shop:

IMPORTANT INFORMATION REGARDING PROFESSIONAL DAY REQUESTS:

In meeting the requirements of a new mandate regarding Professional Development requests, all such requests now require prior approval at a Board of Education meeting.

NOTE: A copy of the Prior Approval for Request of Professional Development Day form indicating Board of Education approval must be attached to any requisition you submit related to this request.

Administrative Review Signature of Administrator Approved Disapproved Date

Immediate Supervisor _____

Principal _____

Supt. or Designee _____

Board Approval Date _____

Reason for Disapproval _____

This portion is for Superintendent's Office Use Only:

Days Used: _____ Professional Business _____ Personal Business _____ Vacation _____