

School District of Lodi

Request to Attend Staff Development Activity

INSTRUCTIONS: The staff member completes the "Request to Attend Staff Development Activity" form **two weeks in advance**, attaches a copy of the brochure of the activity to be attended, and submits to administrator/program supervisor for approval. Refer to Staff Development Activity Process Guidelines for complete instructions.

Staff Member _____ Date Submitted ___/___/___
 Department/Grade Level/Position: _____

◆ **Information on Meeting/Conference/Workshop:**

Title/Description (attach copy of flyer): _____
 Location: _____
 Date(s): _____
 Other(s) Attending: _____

◆ **Substitute Information: Substitute Required?** YES NO (Attach "Request for/Documentation of Leave" form)

◆ **Specific District/Building/Department/Personal Goal Addressed by this Meeting:**

◆ **Reimbursable Expenses** (Staff member completes "Estimated Cost" section prior to activity. For reimbursement upon return from activity complete "Actual Cost" and return copy with receipts and abstract to Building Principal/Supervising Administrator for approval of reimbursement within two weeks after completion of activity.)

Registration: " Sent " Attached Registration: \$ _____ Due on ___/___/___

Prepayment Requested?: Yes No Self Paid Registration? Yes No

Payable to: _____

Address: _____

Admin. Initials if Pre-Approved	Expenditure	Estimated Cost	Actual Cost/ Amount to be Reimbursed <i>(attach receipts)</i>	Budgetary Account Code <i>(To be completed by administrator/program supervisor prior to district approval - Insert appropriate building code and project code, if applicable.)</i>	Admin. Initials for Reimbursement
	Registration Fee			10 - _____ - 942 - 221 - 300 - _____ (Proj.) Sp. Ed. 27 - _____ - 942 - 221 - 300 - _____ (Proj.)	
	Lodging <i>(Self-made)</i>				
	Meals <i>(DPI Guidelines)</i>			10 - _____ - 342 - 221 - 300 - _____ (Proj.) Sp. Ed. 27 - _____ - 942 - 221 - 300 - _____ (Proj.)	
	Mileage <i>(# miles x \$.55)</i>				
	Other:			10 - _____ - _____ - _____ - _____ Sp. Ed. 27 - _____ - _____ - _____ - _____	
	TOTAL EXPENSES	\$	\$		Date

For Administrative Action....

Approved Not Approved Building Principal/Program Supervisor _____ Date ___/___/___

Approved Not Approved Director of Instruction/District Administrator _____ Date ___/___/___

Comments: _____

DISTRIBUTION AFTER APPROVAL: White – Accounts Payable Yellow – Staff Member Pink - Staff Development Coordinator Gold - Building Administrator/Program Supervisor (following approvals)