

# Mount Horeb Area School District

## Request for Professional Development Activity (PDA)

*(Incomplete forms will be returned)*

This form is provided for the following Professional Development Activities:

- Administratively Approved Credits for Cycle Movement (Section A)
- In-service Hours from Committee Work (Section B)
- Workshops/Conferences/In-house In-service Opportunities (Section C)

### STAFF MEMBER INFORMATION

Staff Name: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

School/Building: \_\_\_\_\_ Subject/Grade: \_\_\_\_\_

### SECTION A: COURSE APPROVAL

Course Title: (one per form)	College/University and/or location of course:
Course #:	Number of Credits or Hours:
Type of Credit: ____ College/Univ. Semester ____ College/Univ. Quarter (2/3 = 1 credit) ____ CEU (4.8 = credit)	Semester/Session/Year when course will be taken:
Meeting days of the week:	Beginning and ending time of session:

Utilizing course for (choose one):     Administratively Approved Credits    OR     In-Service Hours

Principal/Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

Director of Instruction: \_\_\_\_\_ Date: \_\_\_\_\_

Superintendent/Designee: \_\_\_\_\_ Date: \_\_\_\_\_

*Submit to: Principal ⇔ Superintendent/Designee ⇔ Human Resources*

### SECTION B: DISTRICT OR BUILDING COMMITTEE PARTICIPATION FOR IN-SERVICE HOURS

Name of Committee:		Topic/Subject:
Dates of Meetings:	Hours Attended:	Location:

Principal/Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

*Submit to: Principal ⇔ Human Resources*

**SECTION C: WORKSHOP / CONFERENCES / IN-HOUSE IN-SERVICE APPROVAL**

Title of Activity:	Location:	Date of Activity:
Brief description of Activity required: (attach brochure, agenda, email, etc.)		No. of Hours:
Rationale for Attendance of Activity:		

Fees and Costs:  NO Cost to the District – Using for In-service Hours

Costs Paid by District (Complete Anticipated Costs Below)

**NOTE: You must submit a copy of your completed registration form to Accounts Payable**

**ANTICIPATED COSTS**

Registration Fee \_\_\_\_\_

Registration form/s completed & attached. Please send.

I have sent the registration. A copy is attached.

Lodging            Number of nights \_\_\_\_\_ x rate = \_\_\_\_\_

Travel            Number of miles \_\_\_\_\_ x rate = \_\_\_\_\_

Meals            Number of meals \_\_\_\_\_

Materials \_\_\_\_\_

Other (explain) \_\_\_\_\_

Substitute Needed? Number of days \_\_\_\_\_ x \$ 100 = \_\_\_\_\_

**Total Anticipated Expenses** \_\_\_\_\_

Approved expenses will be paid upon submission of expenses form and receipts.

Approved for \$ \_\_\_\_\_ Reimbursable Expenses \_\_\_\_\_

**NOTE: Submit check request ASAP** Account number: \_\_\_\_\_

Approved only for substitute to replace person making request. No reimbursable expenses allowed. **Please enter into AESOP and notify secretary**

Approved for in-service hours only. No reimbursable expenses allowed.

Principal/Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

Superintendent/Designee: \_\_\_\_\_ Date: \_\_\_\_\_

*Submit to: Principal ⇔ Superintendent/Designee ⇔ Human Resources*