## PROFESSIONAL DEVELOPMENT REQUEST

**Prior Approval Required Funds used:** Title IA Title IIA Title III Title IV Notice: This requested activity must be in alignment with your school's current approved **School** Improvement Plan and the Title II law. Activities which are not in alignment with both will not be reimbursed as per guidelines from the State Department of Education. Teacher Name(s) Teaching Assignment (Grade and Subject) Number of Students to be affected by this training: Date(s) of Activity Location, Title, and Description of Activity What identified SIP goal and action step will this activity target? Budget Estimate: Registration Lodging Meals Travel Substitute Other Total Request (estimate) I hereby confirm that I have reviewed the Maury County Board of Education travel policy and will request only those expenditures that are in alignment with that policy, have been prior approved with this request, and can be documented. I also agree to submit all appropriate documentation in a timely manner for reimbursement. Teacher Signature Date of Request **Email Address of Teacher** Principal Approval Signature Date of Request

If approved, and upon completion of activity, I also hereby agree to submit one complete original set of all documents to the Central Office for payment and file a copy set with the principal.

Date

**3 Hour Extension Activity** 

Federal Programs Supervisor/Coordinator

Approved

Required

Not Approved

Not Required