



West Central CUSD #235

Unit Office

Stacey Day, Superintendent
Brooke Day, District Bookkeeper

Staff Development Request

Name of workshop/conference: _____

Date: _____ Time: _____ Location: _____

I will need lodging: Yes No If yes, date(s) needed: _____

List below the specific goal from your School Improvement Plan, District Initiative, Illinois Learning Standard, or Exit Outcome that the workshop/conference will address:

Faculty member(s) attending:	Sub needed:	Time needed:
1. _____	Yes No _____	_____
2. _____	Yes No _____	_____
3. _____	Yes No _____	_____
4. _____	Yes No _____	_____
5. _____	Yes No _____	_____

- Please attach a **completed registration form** for each faculty member attending the workshop/conference, along with a copy of the program.
- The Unit Office will register you for the workshop/conference and book the hotel (if applicable)
- Upon completion of the workshop/conference, submit a completed Reimbursement Request Form to Brooke Day in the Unit Office.

Submitted by: _____ Date: _____

Principal Approval: _____ Date: _____

Administrator Request: Yes No

.....

District will pay: registration mileage lodging

Approved by Superintendent: _____ Date: _____

Funding Source: _____



West Central CUSD #235

Unit Office

Stacey Day, Superintendent

Brooke Day, District Bookkeeper

Professional Development Reimbursement Request

(To be completed and turned in for each individual requesting payment)

Name: _____

Building: _____

Title of Conference/Workshop Attended: _____

Date of Conference/Workshop: _____

Mileage Requested from Home/Building (Total Mileage): _____

Other Expenses (Tolls, Fuel for School Vehicle, etc): _____

*Receipts required

Total Amount of Reimbursement Requested: _____

Signature of Employee: _____

Date: _____