

**OLD FORGE SCHOOL DISTRICT
CONTINUING PROFESSIONAL DEVELOPMENT APPLICATION**

All teachers must request permission through their **building principal**. Please complete the request form and submit to the principal. **Please Note:** Upon approval, **TEACHERS REGISTER ON THEIR OWN AND SUBMIT PAPERWORK FOR BILLING TO THE BUSINESS OFFICE.**

If approval is granted, a Request for Reimbursement form will be returned. Following the conference, the completed reimbursement form will be submitted to the principal and transmitted to the business office for payment. Please attach all receipts invoices, etc. **Submit a Conference/Workshop Evaluation form to the Superintendent's Office within 2 weeks of the conference.**

1. Staff Member: _____

2. DATE(s) of Conference: _____

3. Name of Conference: _____

4. Place where conference will be held: _____

5. Value in attending: _____

6. Estimated cost (if at District expense)

• Number of days Substitute will be required _____ x \$93.30/per day = _____

• Travel Expenses _____

• Meals and Lodging _____

• Registration fees, etc. _____

TOTAL _____

7. Name and date of last conference attended at District expense: _____

8. If this conference will be paid for other than by District, please indicate the source:

9. **Approval:**

YES NO Supervisor: _____ Date: _____

YES NO Business Office: _____ Date: _____

YES NO Superintendent: _____ Date: _____