

JEFFERSON COUNTY BOARD OF EDUCATION  
 PROFESSIONAL DEVELOPMENT REQUEST FORM  
 FORMS MUST BE COMPLETED AND SUBMITTED NO LATER THAN 10 DAYS PRIOR TO THE CONFERENCE. A  
 CONFERENCE AGENDA AND REGISTRATION FORM SHOULD BE ATTACHED.

EMPLOYEE NAME	BASE SCHOOL/DEPARTMENT	TITLE OF CONFERENCE												
LOCATION OF CONFERENCE	DATES OF CONFERENCE _____To_____	DATES OF TRAVEL _____To_____												
MODE OF TRAVEL <input type="checkbox"/> Personal Vehicle <input type="checkbox"/> Airplane-Refundable Tickets Only <input type="checkbox"/> Ride with Co-Worker <input type="checkbox"/> N/A		SUBSTITUTE REQUIRED <input type="checkbox"/> Yes <input type="checkbox"/> No _____Dates for Substitute												
FUNDING SOURCE: <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> State Professional Development Allocation</td> <td><input type="checkbox"/> ARI</td> <td><input type="checkbox"/> Local School Public Funds</td> </tr> <tr> <td><input type="checkbox"/> Local School Non-Public Funds</td> <td><input type="checkbox"/> CNP</td> <td><input type="checkbox"/> Title I, II, III, IV or V</td> </tr> <tr> <td><input type="checkbox"/> Enhancing Ed Thru Technology</td> <td><input type="checkbox"/> Teaching American History Grant</td> <td><input type="checkbox"/> Federal Career Tech</td> </tr> <tr> <td></td> <td><input type="checkbox"/> _____ Department</td> <td><input type="checkbox"/> Federal Exceptional Ed</td> </tr> </table>			<input type="checkbox"/> State Professional Development Allocation	<input type="checkbox"/> ARI	<input type="checkbox"/> Local School Public Funds	<input type="checkbox"/> Local School Non-Public Funds	<input type="checkbox"/> CNP	<input type="checkbox"/> Title I, II, III, IV or V	<input type="checkbox"/> Enhancing Ed Thru Technology	<input type="checkbox"/> Teaching American History Grant	<input type="checkbox"/> Federal Career Tech		<input type="checkbox"/> _____ Department	<input type="checkbox"/> Federal Exceptional Ed
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	<input type="checkbox"/> _____ Department	<input type="checkbox"/> Federal Exceptional Ed												
TOTAL ESTIMATED EXPENSE \$ _____														
Approvals														
	Employee Signature	Date												
	Principal/Director Signature	Date												
	School Group Director Signature *	Date												
	Federal Program Coordinator**	Date												
	Deputy Superintendent Signature ***	Date												
	Superintendent Signature (Out Of State)	Date												

\* School Group Director approves only if funded by local school and total estimated expenses are greater than \$500.00

\*\*Federal Program Coordinator always approves if estimated expenses are funded with federal funds.

\*\*\*Deputy Superintendent approves only if funded by department and total estimated expenses are greater than \$500.00