



EAST ROCHESTER SCHOOL DISTRICT

Professional Development Request Form

2018-2019

This request must be submitted to the Office of Curriculum, Instruction and Professional Development **PRIOR** to attending the requested professional development activity. In addition to this form, complete and attach any workshop specific registration forms and information. For expenses to be reimbursed, an itemized statement of expenses and associated receipts must be submitted on a Claim Form to the Business Office at the conclusion of the professional development activity. Taxes and alcohol are not reimbursable. **Activity requested must align with Our District's Core Values:**

1. **Students First:** Students are our first priority. We dedicate ourselves to holistic student development in a safe, nurturing environment.
2. **Opportunity:** We provide every student equal access to strong academic programs, clubs, teams and events that enable students to reach their fullest potential.
3. **Achievement:** Everyone can improve. We collaborate to learn, observe, measure and grow. We proudly celebrate achievements.
4. **Responsibility:** We are accountable to ourselves, to our students and to each other. Our shared responsibility is to be respectful.
5. **Strength:** Together, we will accomplish excellence.

Professional Development Provider (check one):

Monroe #1BOCES _____ Monroe #2 BOCES _____ Other _____
 (please provide name)

Name of Activity/Workshop: _____

Date(s) of Attendance: _____ **Time:** _____ **Location:** _____

How does this align with the District's Core Values (see above)? _____

How do you propose to use and/or share the knowledge gained from this activity? _____

Estimated Expenditures:	Registration	\$ _____	AND/OR	# of Inservice Hours	_____
	Lodging	\$ _____			
	Meals	\$ _____			
# of miles _____ x .545 cpm	Mileage	\$ _____			
	Tolls	\$ _____			
	Other	\$ _____			
	TOTAL	\$ _____			

Inservice hours are considered for reimbursement only for after school District or BOCES professional development activities. Participants will receive inservice pay as stipulated in their contract for those professional development inservices pre-approved and attended outside of the professional (school) day.

Applicant's Signature: _____

Print Name: _____

Date: _____

ADMINISTRATOR APPROVAL

Approve: _____ **Disapprove:** _____ **Date:** _____

Signature of Executive Director

Approve: _____ **Disapprove:** _____ **Date:** _____

Signature of Superintendent