

Western School Corporation Professional Development Request



Please Print and submit no later than 9:00 AM on the 2nd Tuesday of the month for School Board approval.

Name: _____

Date of Request: _____ Date(s) of Professional Development: _____

PD Topic/Title: _____

PD Event/Presenter: _____

Location: _____

Estimated cost:

Substitute	
Mileage	
Meals	
Registration	
TOTAL	

Fund Source (fund number): _____

In the following section, identify the relationship to your School Improvement Plan Goals and/or WSC Strategic Plan and the specific benefit expected from attending this PD opportunity:

Signature: _____

Approved (Building Principal) Signature: _____ Date: _____

Approved (Superintendent) Signature: _____ Date: _____

Approved (Treasurer) Signature: _____ Date: _____

Approved (School Board) Signature: _____ Date: _____

Denied *Explanation:* _____