

BIGGS UNIFIED SCHOOL DISTRICT

300 B Street, Biggs, CA 95917

PROFESSIONAL DEVELOPMENT REQUEST FORM

The purpose of this form is to obtain approval prior to conference registration and travel arrangements being made

This form must be submitted FOUR WEEKS prior to event.

Completion of this form does NOT guarantee attendance will be approved by the Superintendent

Employee Name: _____ Site/Department: _____ Date of Request: _____

Position/Job Title: _____ Conference/Meeting: _____

Location of event: _____ Dates: _____ to _____

If approved, be sure to complete Travel Expense and Mileage Form within THIRTY (30) days of incurring applicable expenses.

Purpose for Attending (circle):

- To better align curriculum, instruction, assessment
- To improve delivery of classroom assessment and instruction
- To prepare for implementation of strategies in the District or School Improvement Plan
- To improve goals outlined in LCAP
- Other: _____

District Goal/Strategy being addressed: (circle)

- Quality Teachers, Materials and Facilities
- Raise post High School Preparations, including College and Career readiness for all Students
- Create a safe, supportive and welcoming school climate to enhance the academic, social and emotional environment for students success
- Design programs and activities to address diverse student academic needs
- Create a celebratory school environment that engages staff, students, parents, and the community.
- Other: _____

Expected Outcome:

- Collaboration with the Principal regarding how information learned at the conference/workshop will be shared
- Other: _____

ESTIMATED EXPENSES:

BACK UP NEEDED:

Registration Fees	\$	Flyer/Agenda/Overview
Lodging	\$	Rates/Receipts/Conformation of Reservations
Transportation (airfare, rentals, taxi, uber, shuttles, etc.)	\$	Receipts/Rates
Mileage: _____ (\$.655 per mile)	\$	Map printout showing mileage
Meals: (\$10 breakfast, \$15 lunch, \$25 Dinner)	\$	Itemized receipts, review non-reimbursable items
Other:	\$	Receipts / Review non-reimbursable
Other:	\$	Receipts / Review non-reimbursable
TOTAL	\$	

FOR SUPERVISOR TO COMPLETE

Fund	Resource	Year	Object	Goal	Function	Site	Manager	Cost Center

Principal/Supervisor Approval: _____ Date: _____

Superintendent Approval: _____ Date: _____

Board Approval (if applicable) _____ Date: _____