REQUEST TO ATTEND
PROFESSIONAL DEVELOPMENT/CONFERENCE

_____ _____
Name of Person Requesting to Attend *Position*

Professional Development Title: _____

Professional Development Location: _____

Professional Development Date: _____ ☐ all day ☐ ½ day ☐ AM ☐ PM

Registration Fee: _____ Mandatory Training: ☐ Yes ☐ No

Is this outside of your contracted days? ☐ Yes ☐ No Substitute required? ☐ Yes ☐ No

1. State the district/campus plan objective or strategy addressed by this professional development.

2. List other professional development you have attended this year or will be attending this year which will address the objective or activity cited in #1. Specify date(s).

3. How will you collaborate with other teachers/administrators/parents/peers to extend the knowledge and skills you will receive in this professional development? State the time it will take to accomplish this activity.

_____
Employee Signature

Administration Only:

☐ Approved ☐ Disapprove Date: _____

Administrator's Signature: _____

District Office Signature: _____

*Submit Completed Form to: ap@newfrontierspublicschools.org and payroll@newfrontierspublicschools.org
*Attached to Overnight Travel Form if applicable