

NORTH NEWTON SCHOOL CORPORATION

ADMINISTRATION OFFICE

310 South Lincoln Street - PO Box 8

Morocco, Indiana 47963

Phone: (219) 285-2228

Fax: (219) 285-2708

"North Newton School Corporation: Engage. Educate. Empower."

REQUEST FOR PROFESSIONAL DEVELOPMENT

This professional development request form must be completed in full and submitted to the appropriate individuals for their signatures at least two weeks before the conference/workshop is to be held. If you do not intend to submit a claim for any itemized expenses, please mark "0" in all appropriate spaces. PLEASE TYPE OR PRINT CLEARLY, ALL REQUIRED INFORMATION.

TO: Supervisor/Principal (Please circle one) NAME: _____

SCHOOL: _____ DATE SUBMITTED: _____

CONFERENCE/WORKSHOP INFORMATION

Name of conference/workshop: _____

Date(s) of conference/workshop: _____ Location of conference/workshop: _____

Is a substitute needed? Yes No How many days? _____

PLEASE GIVE A DESCRIPTION OF THE ACTIVITY: _____

CONFERENCE/WORKSHOP EXPENSES: REIMBURSEMENT FOR EXPENSES MUST BE DOCUMENTED AND SUBMITTED ON AN ITEMIZED CLAIM FORM WITH ALL ORIGINAL ITEMIZED RECEIPTS ATTACHED. WRITE ON ALL RECEIPTS THE DATE, WHAT THE RECEIPT WAS FOR (BREAKFAST, LUNCH, ETC.), NAME OF CONFERENCE/WORKSHOP, AND THE INDIVIDUAL'S NAME SUBMITTING THE CLAIM. MEALS ARE ONLY REIMBURSED WHEN ORIGINAL RECEIPTS ARE ATTACHED TO THE SUBMITTED CLAIM FORM. A COPY OF THE AGENDA/REGISTRATION MUST ALSO BE ATTACHED TO THE CLAIM FORM.

THIS FORM MUST BE APPROVED BY CENTRAL OFFICE BEFORE A SUB REQUEST IS PUT INTO AESOP

EXPENSES:	\$ REQUESTED BY INDIVIDUAL	AMOUNT REQUESTED BY SUPERVISOR	CO APPROVAL (Y/N)
MEALS:			
BREAKFAST (Up to \$15)			
LUNCH (Up to \$25)			
DINNER (Up to \$35)			
REGISTRATION:			
PERSONAL AUTO (IRS MILEAGE RATE):			
LODGING:			
OTHER/DESCRIBE:			
TOTAL:			

RECOMMENDATION OF SUPERVISOR

Professional Leave is authorized with pay.

Professional Leave is authorized without pay.

Professional Leave is authorized with expenses.

Professional Leave is not authorized.

EXPENSES CHARGED TO ACCOUNT NUMBER: _____

SUBSTITUTE COST CHARGED TO ACCOUNT NUMBER: _____

SIGNATURE OF SUPERVISOR/PRINCIPAL: _____ DATE: _____

SIGNATURE OF SUPERINTENDENT: _____ DATE: _____