



JORDAN PUBLIC SCHOOLS

Inspire a caring community to ignite learning, innovation, and success for all.

Staff Development Application Form (2018-2019)

Name: _____ Date: _____

Title, date(s) and location of activity:

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Briefly describe the activity and how it will connect to one or more district or building goals or your professional growth goal:

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If this is a group activity, please identify who will be involved:

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Please attach the pertinent registration information.

Please indicate how the requested funds will be utilized:

Description	Amount	Actual Cost after Event (attach original detailed receipts)
Registration:		
Supplies:		
***Mileage: (\$.53.5 per mile)		
Substitute Costs: (\$130 per day)		
TOTAL FUNDS REQUESTED		

***** Mileage will only be reimbursed when the distance from home to workshop is shorter than the distance from school to workshop or when the school van is unavailable. Schedule the school van through Hope Mack.**

To be completed by Building Staff Development Committee.

Request for funding is: _____ Approved _____ Denied

If denied, state the reason:

If your request has been denied and you would like to initiate an appeal of the Building Staff Development team decision, please submit this form with an explanation of the appeal to the District Staff Development Committee (Carol Lagergren, Director of Teaching and Learning) within seven working days of the date the application was initially reviewed by the committee.