

BLACK HAWK AREA SPECIAL EDUCATION DISTRICT

4670 11th Street, East Moline, IL 61244

309.796.2500

REQUEST FOR PROFESSIONAL DEVELOPMENT ACTIVITY

Name: _____ IEIN #: _____ Date: _____

Title of Activity: _____

Location of Activity: _____

Date(s) of Activity: _____ # of Professional Leave Days Requested: _____

Will a substitute be required? No Yes If yes, dates/times substitute is needed: _____

INSTRUCTIONS:

1. Complete this form in its entirety, then submit to your direct supervisor for approval. The request is to be sent to BHASED a minimum of two weeks prior to the date of the requested activity.
2. Upon approval of your request, a copy of the form will be returned to you indicating the conditions of approval, if any.
3. In order to obtain reimbursement, complete and submit a Request for Reimbursement Form (separate document) along with original itemized receipts, within 30 days of the development activity.

REGISTRATION: *Please attach activity brochure or print out to this form when submitting for approval*****

- BHASED will complete/submit registration Employee will complete/submit registration
 BHASED will make hotel reservations Employee will make hotel reservations

Projected Costs of Activity:

Registration _____ (up to \$200)
Mileage _____ # of miles round trip _____ x \$0.545 (Total may be limited.)
Accommodations _____ Cost per night. (Name of preferred hotel: _____)
_____ Number of nights (Dates of overnight travel: _____)
Meals _____ (\$30 maximum per day - no tips and no alcohol)

Other information: _____

Employee Signature: _____ Date: _____

BHASED OFFICE USE ONLY

Supervising Administrator: _____ Date: _____

Request Approved: Yes No

Conditions for Approval: _____

Director Approval: _____ Date: _____

- SDS PD Budget
 Copy sent to Employee Copy to Personnel File Received by Bookkeeping