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 <u>two weeks prior</u> 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.
4. Employees will need to make and pay for approved hotel reservations.

REGISTRATION: *****Please include a brochure or activity description with this form.*****

☐ BHASED will complete/submit registration ☐ Employee will complete/submit registration.

☐ Employee will make hotel reservations.

<u>Projected Costs of Activity</u>:

Registration _____ (up to $200)

Mileage _____ # of miles round trip _____ x $0.58 (Total may be limited.)

Accommodations _____ Cost per night. _____ # of nights _____.

TOTAL _____

****Meals are not eligible for reimbursement during the 2019-20 school year.****

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