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 ACCOUNTS PAYABLE VOUCHER 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/WORSHOP, AND THE INDIVIDUAL'S NAME SUBMITTING THE CLAIM. MEALS ARE ONLY REIMBURSED FOR EVENTS 2 DAYS OR MORE AND ARE NOT REIMBURSED FOR MEALS TRAVELING TO AND FROM THE CONFERENCE/WORKSHOP. A COPY OF THE AGENDA/REGISTRATION MUST ALSO BE ATTACHED TO THE VOUCHER FORM.

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

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

RECOMMENDATION OF SUPERVISOR
_____Professional Leave is authorized with pay.   _____Professional Leave is authorized with expenses.
_____Professional Leave is authorized without pay.   _____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:_____

Revised May 21, 2018