

Woodstown - Pilesgrove Regional School District

Request for Professional Development Opportunity

Staff Member: _____
 MSS WMS WHS District
Date of Request ____/____/____

Title of workshop, meeting, or conference:

Start Date of event ____/____/____
End Date of event ____/____/____

How does this opportunity help you meet your PDP and / or school / district goals?

Absence will be for:
 Full Day AM Only PM Only

Have you attended this workshop / training in the past?
Date: _____ Location: _____

Will a substitute be needed?
 Yes No

Is training related to:
 100 hr. requirement Continued Ed Employment Certification

Approximate costs
Registration fee: _____
Travel mileage: _____
Tolls: _____
Parking: _____
*Meals: _____
**Lodging: _____
TOTAL \$ _____

How will you share your learning with your colleagues?
 Faculty/Dept. Meeting After School Workshop District In-Service Video Presentation

Please attach the following program documents:
Copy of travel itinerary (i.e. Mapquest)
Completed Registration Form
Schedule of Events / Agenda

**Approved for overnight only, not to exceed federal per diem allowance.*
*** Pre-approval required as per guidelines*
Staff member registered by:
 Self School C&I

Principal's Signature: _____
Supervisor's Signature: _____
Superintendent's Signature: _____

For Office Use Only
Approvals
 Reg Miles Tolls Meal
 Parking Substitute
Signature: _____
Account #: _____

After attending your event, please complete and submit the required feedback form now found at www.woodstown.org