

Request Plan

☐ Staff Development

☐ District

☐ Program Development

☐ School(s) _____

☐ Department(s) _____

☐ Individual _____

PROGRAM INFORMATION:

Title: _____

Intent: _____

Coordinator: _____

Responsible Administrator: _____

Presenter: _____

Participants (subjects and grades): _____

Projected Dates and Times: _____ Contact Hours: _____

Facility Use (buildings and rooms): _____

BUDGET COSTS:

To be completed by Staff Development Office	Inservice Credit: <input type="checkbox"/> Yes or <input type="checkbox"/> No	Inservice Pay: <input type="checkbox"/> Yes or <input type="checkbox"/> No
	Instructional Rate: \$ _____	Non Instructional Rate: \$ _____

Presenter: _____

Budget Code: _____

Participant(s) Stipend(s): _____

Budget Code: _____

Materials: _____

Budget Code: _____

Other (specify): _____

Budget Code: _____

Substitute Teacher(s): _____

Budget Code: _____

Participant(s) Requesting Inservice: _____

No Budget Code Required

AUTHORIZATION ROUTE:

Your Signature: _____

Date: _____

Principal: _____

Date: _____

Supervisor: _____

Date: _____

Supervisor: _____

Date: _____

Grant Writer/Administrator: _____

Date: _____

Associate Superintendent: _____

Date: _____

WRITTEN PLAN FOR STAFF DEVELOPMENT OR PROGRAM DEVELOPMENT MUST BE ATTACHED

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