

Montgomery County R-II Professional Development Request Form

Name: _____

Date: _____

School: _____ Position: _____

Title and Description of proposed learning (attach meeting/conference/workshop brochure to the back of this form)

Total Amount requested: _____

Date(s) of Conference: _____ Date(s) of Travel: _____

Travel Itemization	Allotment	Total Cost
Daily Expenses	Apx. \$60 per day	
Registration		
Mileage (to and from) Attach Google Map showing miles	\$0.40 per mile	
Transportation		
Lodging		
Misc.		

*All instate expenses must utilize the District's Tax-Exempt status

How does the proposed learning specifically relate to the District's CSIP plan?

How does the proposed learning specifically relate to the Building's School improvement plan?

How does the proposed learning relate to your Professional Development Plan?

Principal/Supervisor approval for absence on Contractual Day: ☐ Yes ☐ No

Signature: _____

Building PDC Member Approval: ☐ Yes ☐ No

Signature: _____

Comments: _____

I will complete a Purchasing Requisition for all approved expenses and ensure that the District's tax-exempt status is utilized for all eligible purchases. I will submit all required, itemized receipts within ten days following the completion of the conference or workshop. Additionally, I am willing to share the knowledge, resources, and insights gained with other members of the District upon request.

Signature: _____