

Training and Development for Employees - Admin. Requested



Employee Name:

Administrator requesting
this training:

Date submitted:

South Williamsport Area School District
515 West Central Ave.
South Williamsport, PA

17702
Phone: 570-327-1581
Fax: 570-326-0641
www.swasd.org

Estimated Costs (\$)

This form should only be completed for training / development
for employees upon the request of a supervising administrator.

Attendee Information

Event Title

Event Sponsor

Location

Beginning Date

Ending Date

Briefly describe why this training is being requested of the employee.

- Operational need
- State / Federal requirement
- Other reasons

Lodging (\$)

Mileage (\$)

Substitute Cost (\$)

Meals (\$60/day max)

Registration (\$)

Total Cost (\$)

Request Reviewed

Administrator:

Approved

Denied

Superintendent:

Approved

Denied

Sessions Attending: Attach detailed Itinerary if necessary

Additional comments if necessary.