

# Request for Use of Professional Development Funds by Employees



Name

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

## Attendee Information

Event Title

Event Sponsor

Location

Beginning Date

Ending Date

Briefly describe how the conference:

- Relates to your professional growth / role in the district
- Relates to district goals for teaching and learning

Sessions Attending

- Attach detailed Itinerary if necessary

## Estimated Costs (\$)

Professional employees limited to a maximum of \$1000.00 annually.

Approval and availability of funds is determined by the current Collective Bargaining Agreement.

Lodging (\$)

Mileage (\$)

Substitute Cost (\$)

Meals (\$60/day max)

Registration (\$)

Total Cost (\$)

## Request Reviewed

Principal

Approved

Denied

Superintendent

Approved

Denied

Additional comments if necessary.