



DEXTER COMMUNITY SCHOOLS

Request to Attend a Professional Learning Opportunity

Staff members who wish to attend a conference/professional learning opportunity must submit this completed form to their building administrator for approval prior to registration. If the expenses are being reimbursed through district professional learning funds, the building administrator will forward the form to the Executive Director of Instruction for additional approval. All conferences must be pre-approved for reimbursement.

Following the conference, the back of the form should be completed and resubmitted to the building/district administrator, listing all expenses and attaching all original itemized receipts for reimbursement. Upon final approval, the form will be forwarded to the business office for reimbursement to the staff member.

Staff Member Name: _____ **Building:** _____

Name of Conference: _____

Location of Conference: _____

Conference Date(s): _____ **Registration Fee: \$** _____

Purpose of Conference (check one):

curriculum alignment

technology integration

student accommodations

improving instructional practice

personalized learning

Other: _____

Please describe your goals in attending and how they fit with the goals of your building/department/grade level.

How will you use and share this learning when you return to the district?

Professional Learning Opportunity Expense Worksheet

ANTICIPATED EXPENSES

TRAVEL

Mileage: Miles traveled _____ x 2017 Mileage Rate .535 = \$ _____

Flight: Airline & Flight Number _____ = \$ _____

Parking/Baggage: _____ = \$ _____

MEALS (per day)

____ Breakfast (\$8 max) ____ Lunch (\$12 max) ____ Dinner (\$20 max) = \$ _____

LODGING

Cost per night \$ _____ x _____ nights = \$ _____

OTHER _____ = \$ _____

TOTAL = \$ _____

APPROVAL NEEDED for Professional Learning PRIOR to registration

Signature: _____ Date _____
Building Administrator

Signature: _____ Date _____
District Administrator (if reimbursed through district funds)

ACTUAL EXPENSES: Attach all itemized receipts

TRAVEL

Mileage: Miles traveled _____ x 2017 Mileage Rate .535 = \$ _____

Flight: Airline & Flight Number _____ = \$ _____

Parking/Baggage: _____ = \$ _____

MEALS (per day)

____ Breakfast (\$8 max) ____ Lunch (\$12 max) ____ Dinner (\$20 max) = \$ _____

LODGING

Cost per night \$ _____ x _____ nights = \$ _____

OTHER _____ = \$ _____

TOTAL = \$ _____