



# Cape Henlopen School District

## Professional Development Application Form For Conferences/Seminars/Training

*Must be completed and approved prior to your attendance!*

- **Name:** \_\_\_\_\_ **Email:** \_\_\_\_\_
- **Position:** \_\_\_\_\_ **Location:** \_\_\_\_\_
- **Date of request:** \_\_\_\_\_  
(Request must be submitted at least 30 days in advance of conference/seminar registration deadline and at least 60 days in advance of the conference/seminar registration deadline if airline reservations are required).
- **Description of professional development activity for which funds are being requested:**  
(Attach a copy of the brochure / advertisement for the event / email requiring your attendance / reimbursement Details if another agency will cover the cost of the substitute).

- **Conference/Seminar/Training Dates(s):** \_\_\_\_\_
- **Time of Departure (AM/PM):** \_\_\_\_\_ **Time of Return (AM/PM):** \_\_\_\_\_

**Sub Requested (Y/N):** \_\_\_\_\_ **AESOP Sub Funding:** \_\_\_\_\_

Staff is responsible to submit a request for substitute in AESOP to cover absence if applicable and attached this form in AESOP when approval is received.

<i>Please make clear what funding is requested</i>	<b>Building Funds</b> <small>(Enter Amount)</small>	<b>District Funds</b> <small>(Enter Amount)</small>	<b>Special Education Funds</b> <small>(Enter Amount)</small>	<b>Total</b>	<b>Funding Program</b> <small>(Enter Name of Program Funding)</small>
<b>Registration</b>					
<b>Lodging</b>					
<b>Airfare</b>					
<b>Mileage</b>					
<b>Meals</b>					

**Explain how you will communicate what you learned to the rest of the school community. Be specific:**

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**Explain how this activity is related to your professional development plan/school improvement plan, as well as how your school community will benefit from your participation in this activity:**

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**To be completed by Building Administrator:**

**Explain how this request is connected to the employee's professional development goals and/or your school improvement plan.**

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\_\_\_\_\_  
Employee Signature Date

**Approved**

**Not Approved**

\_\_\_\_\_  
Building Administrator Signature Date

**Approved**

**Not Approved**

\_\_\_\_\_  
District Office Administrator Signature Date

**Send to the appropriate District Office Administrator for final approval. This form must be fully approved prior to making any arrangements related to this activity.**