

WINOOSKI SCHOOL DISTRICT

TEACHER PROFESSIONAL DEVELOPMENT FUND REIMBURSEMENT REQUEST

(return to the Superintendent's Office within 30 days of completion)

TEACHER'S NAME: _____

Circle Schools: JFK - WMS - WHS

PLEASE CHECK TYPE OF ACTIVITY:

- College Tuition, Summer Planning Session, Expenses for Additional Licensure, Workshop/Conference, Facilitation of Workshop/Special Project, Other

NAME/TITLE OF ACTIVITY _____

SPONSORING INSTITUTION: _____ LOCATION: _____

ACADEMIC CREDITS: _____ OR CLOCK HOURS: _____

START DATE: _____ END DATE: _____

Continue Below Only For PROFESSIONAL DEVELOPMENT FUND REIMBURSEMENT

REQUEST: (It is recommended you submit your highest cost as your first request. Second and third requests will be paid at the end of the year, pending available funds)

- First this school year, Second this school year, Third (or more)

CHECK WHAT IS ATTACHED (all of these must be returned for reimbursement at the same time). NOTE: If everything is not checked off, this form will be returned to you to complete.

- Invoice, Proof of Payment, Proof of Completion, Optional: A mileage reimbursement form, Optional: Detailed receipts for travel

COSTS: Tuition/Fees: \$ _____ Accommodations/Meals: \$ _____ Travel: \$ _____ Total: \$ _____

I confirm that this professional development opportunity fits with my professional development goals and/or the school district's goals.

Signature of Teacher: _____ Date: _____

APPROVAL: (All approvals contingent upon full completion of the activity)

PDF Committee Member Approval: _____ Date: _____

It is recommended to keep a copy for your own records. The PDC Action Plan Document explains the process of repayment.