

TEANECK PUBLIC SCHOOLS
PROFESSIONAL DEVELOPMENT REQUEST
FORM 2024-2025

Date Received

PLEASE TYPE OR PRINT CLEARLY. COMPLETE THIS FORM WITH ALL THE INFORMATION REQUIRED AND FORWARD TO THE OFFICE OF CURRICULUM & INSTRUCTION. INCOMPLETE FORMS WILL BE RETURNED AND MAY DELAY THE APPROVAL PROCESS. **BOARD APPROVAL IS REQUIRED FOR ALL PD REQUESTS.** EMERGENCY REQUESTS WILL BE REVIEWED ON A CASE BY CASE BASIS. **THE REQUEST MUST BE SUBMITTED TO CENTRAL OFFICE 45 DAYS PRIOR TO TRIP DATE.**

Name: _____ Date of Request: _____
Position/Grade Level: _____
School Location and/or Department: _____ **Substitute Required** Yes ☐ No ☐

ONE MONTH PER FORM

Date: _____ Full Day ☐ _____ Half Day (AM) ☐ _____ Half Day (PM) ☐
Date: _____ Full Day ☐ _____ Half Day (AM) ☐ _____ Half Day (PM) ☐

1. Conference or Visitation Place:

2. Sponsor of Conference (**Organization Name, No Abbreviations**) Purchase Order should be payable to?

3. Location of Conference:

4. Please describe your rationale for requesting this Professional Experience and how it will impact Student Achievement:

Expenses: Per GSA Guidelines, <http://www.gsa.gov/portal/content/104877> Mileage is paid at .47 per mile. The starting point is always your school. Please **attach** a copy of the MapQuest directions when requesting reimbursement. ****A copy of your registration form must be attached if requesting payment of the registration fee.**

- | | |
|---------------------------------|---------------------------------------|
| 1. **Registration Fee: _____ | 5. Lodging per GSA: _____ |
| 2. Mileage @.47 per mile: _____ | 6. Hotel Tax: _____ |
| 3. Tolls: _____ | 7. Meals per GSA: _____ |
| 4. Airfare: _____ | 8. Other (taxi, parking, etc.): _____ |

TOTAL: \$ _____

A requisition/PO for the estimated cost of the request must be processed prior to the conference/workshop/seminar.
Please make sure your calculations are correct. **No changes/additions can be made to this form.**

Requisition #: _____ Purchase Order #: _____

Employee Signature: _____ Date: _____

BY REQUESTING THIS PROFESSIONAL DEVELOPMENT, I UNDERSTAND THAT I MAY BE CALLED UPON TO PRESENT
WHAT I HAVE GAINED FROM THIS PD TO MY SCHOOL AND DISTRICT COLLEAGUES.

Requests for reimbursement can only be processed if submitted to the Board Office within 30 days of return.

Keep copies of your receipts, send the originals, e.g., mileage, tolls, etc. and a completed Expense Report to the Board Office. Send a copy of your Attendance Certificate given by the Sponsor of the Conference with a completed Accountability Form summarizing the professional activities and workshops/seminars attended to the Office of the Superintendent within 5 days of return.

BUDGET ACCOUNTS AND AMOUNTS TO BE CHARGED:

Account Number	Amount
Building/Department: _____	_____
Grant: _____	_____
Substitute: _____	_____

ADMINISTRATIVE REVIEW

Number of days absent to date: PI _____ PB _____ FT _____ FI _____ PD _____

PRINCIPAL APPROVAL/DENIAL:

Circle One: Approved Denied

Reason for Approval/Denial:

Principal Signature: _____

DIRECTOR APPROVAL/DENIAL:

Circle One: Approved Denied

Reason for Approval/Denial:

Director Signature: _____

ASSISTANT SUPERINTENDENT APPROVAL/DENIAL:

Circle One: Approved Denied

Reason for Approval/Denial:

Assistant Superintendent Signature: _____

BUSINESS ADMINISTRATOR APPROVAL

Business Administrator Signature: _____

Date: _____

APPROVAL OF SUPERINTENDENT

Circle One: Approved Denied

Reason for Approval/Denial

Signature: _____

Board Approval Date: _____

Revised: September 2023