



**DICKSON COUNTY SCHOOLS
Federal Funds Professional Development Activity Request Form**

Employee Name _____ School _____ Date _____

Name of Professional Development Activity (Include completed, legible copy of registration form)

Activity Date(s) _____ Other staff participating _____

Location (City and State) _____

Links to School Improvement Plan, District Consolidated Plan, and/or Student Achievement:

Substitute Teacher Required: Yes _____ **No** _____

Estimated Cost of Trip:

Registration \$ _____

*Travel Expenses (attach explanation) Mileage..... \$ _____

Air..... \$ _____

Hotel..... \$ _____

Shuttle/Taxi..... \$ _____

** No mileage for personal vehicles except in pre-approved circumstances*

Meals (required overnight stay) \$ _____

Materials/Supplies..... \$ _____

Substitute (# of days _____ x \$135.00 per day) \$ _____

Total Estimated Cost of Trip/Activity..... \$ _____

Signature of Employee _____ Date _____

Principal/Appropriate Supervisor _____ Date _____

Principal's Approval for Authorized Leave (Initial) _____ Approved _____ Not Approved

****I understand that I am responsible for presenting handouts, content, and instructional ideas to faculty/department members upon return from the conference/workshop.***

Date/time scheduled to present _____ Principal/Teacher Initial _____/_____

PRINCIPAL: PLEASE CHECK FUNDING SOURCE TO RESERVE THESE FUNDS

Turn in signed original expense receipts within two (2) weeks after activity to ensure payment.

Return completed form to the Dept of Federal Programs at Central Office.

For Central Office Use Only

Approved _____ Denied _____ Reason _____

Funds _____ Amount _____