

REGIONAL SCHOOL UNIT #20
PO BOX 363, 6A LIONS WAY, BELFAST, MAINE 04915
Phone: 207-338-1960 FAX: 207-338-4597

REQUEST FOR APPROVAL
FOR PROFESSIONAL DEVELOPMENT AND REIMBURSEMENT
 (This form must be filed in advance.)

Name	School	Date
Professional Development Committee Approval Required {		
ESP Contract {		Teacher's Contract {
CONFERENCE/WORKSHOP/PROFESSIONAL MEETING		
COLLEGE COURSES		
Topic:	Course Title:	
Dates:	Course #:	Credits:
Location:	Graduate:	Undergraduate:
# School Days Absent:	Location:	
# Days Substitute Required:	Dates of Course:	
EXPENSES		
Registration Fee: \$ _____	Tuition: \$ _____	
Other: (i.e, travel, lodging, etc.) \$ _____	Other: (refer to contracts for limits) \$ _____	
Staff Signature:	Total: \$ _____	
Approved { Not Approved :	Approved { Not Approved {	
Principal's Signature:	Superintendent's Signature:	
Date:	Date:	
Professional Development Committee Chair Signature: (if required)	RSU #20 Certification Team: (if required)	
Account Number:	Date:	
<u>Supt's. and Principal's Signatures Required for Any Request</u>		
RETURN TO CENTRAL OFFICE after attendance		
YES, I attended the above professional development program listed above. _____		
Total Expenses (Please include receipts and a course transcript.) \$ _____		
Staff Signature: _____	Date: _____	
Superintendent's Signature for Approval to Pay: _____		

*** If this form will be used for re-certification, you should also obtain pre-approval from the District Certification Team. Please contact your building certification representative.