REQUEST FOR PAYMENT ON PROFESSIONAL DEVELOPMENT POINTS

Submit to Clerk of the Board

Name_____

Semester: Summer 20___
Fall 20___
Spring 20___

Maximum payment for 15 points per year - July 1 to June 30

Administrator Preapproval	Point designation Knowledge (K), Application (A), Impact (I)	Title of Training	Presenter/Sponsor	Dates of Attendance	# of points/hours
				Total	

I certify that I have participated in these listed activities for the time indicated and have attached documentation of the training. Points earned from financial commitments by USD 469 shall be excluded. Examples, but not limited to, expenses paid by district and time release from contract. Payment will be made at the negotiated hourly rate for school improvement. Payment shall be added to payroll at the end of the district's fiscal year.

Staff Signature_____ Date _____

Building Administrator_____ Date _____

PDC Chairperson_____ Date _____

Approved_____ Not Approved_____ Total Approved_____