

Holdenville Public Schools

**Request for Professional Development Activity**

This form is to be completed before attending a professional development activity. It should be completed only for those activities that occur outside the district and for which you expect to be reimbursed, compensated, or a substitute is required.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Title of Professional Development Activity: \_\_\_\_\_

Date(s) of Activity: \_\_\_\_\_

Location of Activity \_\_\_\_\_:

Substitute Required: Yes                      No

Best Estimate on the Following Reimbursable Expenditures:

Registration Fee: \$ \_\_\_\_\_

Lodging Expense: \$ \_\_\_\_\_

Mileage Expense: \$ \_\_\_\_\_

Approved by Administrator: \_\_\_\_\_ Date: \_\_\_\_\_