



Washington  
West  
Supervisory  
Union

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## Professional Development Approval Form

Courses · Workshops · Conferences

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

Title and Description of Course/Workshop/Conference: \_\_\_\_\_

*(Attach a course/workshop description brochure or flyer and a completed registration form for all prepaid courses. Registration form must have name, address, and telephone/fax number of provider.)*

College/Workshop Sponsor: \_\_\_\_\_ Course/Workshop Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

# of Graduate (or other) Credits: \_\_\_\_\_

<i>For Teacher Use</i>	<i>For Administrator Use</i>		
	Requested Amount	Amount Pre-approved	Approved by
Tuition or Workshop Fee	\$	\$	
Credit Cost <i>(if separate from above)</i>	\$	\$	
Travel <i>(estimated fare or mileage)</i>	\$	\$	
Lodging <i>(estimated cost)</i>	\$	\$	
Food <i>(list meals)</i>	\$	\$	
Other <i>(travel, lodging, etc.)</i>	\$	\$	
<b>I have completed the WWSU Professional Leave Request Form:</b>		<b>YES</b>	<b>N/A</b>

- Please prepay the approved tuition or fee. \*
- Please prepare a Purchase Order for these fees. \*

Please make Purchase Order, Tuition, or Workshop Fee payable to:

\_\_\_\_\_

and send it to this address:

\_\_\_\_\_

\_\_\_\_\_

- I am requesting reimbursement for fees I have already paid (receipt required): \_\_\_\_\_

**To WWSU Business Office:**

Please pay tuition for fee amounting to: \_\_\_\_\_

Please pay the expenses amounting to: \_\_\_\_\_

Approved by: \_\_\_\_\_

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

\*If I drop or fail a course for which funds have already been committed or paid, I will reimburse the Board the full amount disbursed by the end of the contract year (June 30).

Signature: \_\_\_\_\_

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

**FOR ADMINISTRATIVE USE ONLY:**

\_\_\_\_\_ Request approved

\_\_\_\_\_ Request denied Denial reason: \_\_\_\_\_

\_\_\_\_\_ The Principal agrees that if the above activity has been satisfactorily completed the staff member is eligible to receive applicable credits for salary increases per the Master Agreement.

Administrator Signature: \_\_\_\_\_

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