

Staff Development Support Funds Request (Professional Development Growth Funds) ONE FORM REQUIRED FOR EACH INDIVIDUAL

Requested By:	Date of Request:
Department:	Date of Activity:
Type and location of activity (conference, workshop, release day, etc.)	
What benefits do you anticipate gaining from this activity?	
What school goal(s) would this address?	
Source of substitute funding (TPS, GAE, Dept. funds, PGF)	
Are other people from ORHS requesting funds for this activity? Please list their names below.	Financial details of request: Cost of substitutes from PGF = _____ Registration fees _____ X _____ = _____ Parking/tolls = _____ Mileage = _____ Meals = _____ Lodging (# days @ _____) = _____ Materials/books = _____ Total Funds Requested \$ _____
Will you will be sharing a room? Y/N	
If Yes, please indicate by names	
1.	
2.	
3.	
4.	
5.	
6	
7.	
Do you have alternative funding sources for this activity? Y/N	
How much will they fund? \$ _____	
Sources of alternative funding:	
Have you previously received <i>Professional Growth Funds</i> ?	
If YES, when?	
Please provide any additional information relevant to this request:	
Please do not write below this line	
Committee members making determination	Air Fare \$ _____
	Parking/tolls \$ _____
	Mileage \$ _____
	Meals \$ _____
	Lodging (single or sharing) \$ _____
	Materials/books \$ _____

Determination of committee: DECLINED/APPROVED Total Amount: \$ _____