

**ATLANTIC COUNTY SPECIAL SERVICES
PROFESSIONAL DEVELOPMENT ACTIVITIES
APPLICATION FOR APPROVAL FORM**

Name: _____ Position: _____ Date: _____

Location: Elementary/Middle High School: Other: _____

Course/Workshop Title: _____

How is this experience related to your PDP? Please be specific:

Date(s)/Time(s): _____ Location: _____

CEU's Awarded (if applicable): _____

Institution Awarding CEU's _____

(Please attach a copy of the course description and registration form to this application.)

Will you be attending this course during your regular work hours?

No Yes – **If yes, specify dates** _____

(If yes, a completed Leave Request Form must accompany this form.)

Workshop/Seminar Registration Fee Only: _____

TRAVEL MILEAGE REIMBURSEMENT REQUESTED: _____ (approximate round-trip distance)

(To receive mileage reimbursement, employee must complete the mileage reimbursement form in accordance with mileage reimbursement procedures.)

I understand that upon my return from the workshop, I must submit to the School Business Administrator a completed purchase order that includes proof of payment of the workshop fees, an indication of successful completion, and Standardized Reporting Form 9250 (available on ACSSSD website.) The employee, by signing below, acknowledges and agrees to comply with the application for approval and reimbursement procedures.

EMPLOYEE'S SIGNATURE _____ **Date:** _____

As per the NJ Accountability Act (2007) and Board of Education Policy, all travel must be educationally necessary, fiscally prudent, and directly related to and within the scope of an employee's Professional Development Plan. All travel must be approved by the Superintendent and the Board of Education prior to the experience. All requests requiring Board approval must be in the Superintendent's office by the Thursday before that meeting. By law, the Board cannot approve travel that has already occurred. Please plan ahead!

Please submit this to your supervisor for Step 1 approval. Then send to Board Office for other approvals.

<p><u>STEP 1</u> Approved _____ Date _____ Denied _____ Reason _____ _____ _____ Principal/Supervisor Signature</p>	<p><u>STEP 2</u> Approved _____ Date _____ Denied _____ Reason _____ _____ _____ Business Administrator Signature</p>
<p><u>STEP 4</u> Board of Education Approval Date _____</p>	<p><u>STEP 3</u> Approved _____ Date _____ Denied _____ Reason _____ _____ _____ Superintendent Signature</p>

Original: Supervisor/timekeeper
Copies : Accounts Payable
 Personnel
 Employee

May 2009/amg