

# Union County Educational Services Commission

## PROFESSIONAL DEVELOPMENT REQUEST

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

***MUST HAVE BOARD APPROVAL PRIOR TO ATTENDING THE ACTIVITY***  
***MUST BE SUBMITTED NO LATER THAN ONE WEEK BEFORE THE BOARD MEETING***

Employee's Name \_\_\_\_\_ School/Program \_\_\_\_\_

Position \_\_\_\_\_ (If teacher, grade and subject)

Day and Date of Professional Development Activity \_\_\_\_\_

Location: \_\_\_\_\_

Title of Conference/Training \_\_\_\_\_

**Please attach copy of brochure/description which includes dates and cost:****Mileage Reimbursement: (.47 cents per mile)**

Mileage home to work: \_\_\_\_\_

<b>(Please select which applies)</b>	<b><u>Eligible mileage reimbursement:</u></b>
Mileage from home to event: _____ Mileage from event to home: _____	_____ _____
Mileage from work to event: _____ Mileage from event to work: _____	_____ _____

Cost of Professional Development Activity: \$ \_\_\_\_\_

**Reimbursement:** \$ \_\_\_\_\_**Mileage Reimbursement:** \$ \_\_\_\_\_**(Please see page 28 item A. of UCESC/WEA Agreement)**

Rationale for request (How it relates to your PIP or work at the Commission)

Employee will pay for registration and be reimbursed by school district. (Submit requisition to building principal with cancelled check or credit card receipt.)

APPROVAL:

\_\_\_\_\_  
Supervisor\_\_\_\_\_  
Superintendent

Office Use Only: Approved by the UCESC Board on: \_\_\_\_\_

Copy of approved request forwarded to employee on: \_\_\_\_\_

**8/4/22**