



Professional Development Request Form User Instructions

Form Purpose: Use this form to request approval for professional development activities.

How to complete this form: Fill this form out and print it, and give it to your immediate supervisor for approval.

How to submit this form: Submit a hard of copy of this form to the Network office for approval. The following information needs to be attached: a completed PD request form, copy of conference registration, copy of conference agenda. ***Please note:*** the Chief Executive Officer will need to approve all out-of-state travel.

Approval: You will be notified via email or from your direct supervisor indicating the approval status of the request. It is imperative for the requestor to submit all information in order for the registration to take place in a timely manner. The Network will **ONLY** register employees for professional development after the PD has been approved.

It is imperative to submit a completed PD request form and the required information ***2 weeks prior to the conference/workshop or training***. If traveling out of state, please submit all information ***4 weeks prior to the conference***. Please be advised if you submit an incomplete PD request form, your request is in jeopardy of being delayed.

Reimbursement/Pier Diem

A travel voucher is needed for reimbursement and Pier Diem. *The Travel Voucher Reimbursement and Pier Diem form is located on the New Beginnings Schools Foundation website (www.newbeginningsnola.net) under the “Employee” Tab, click on “Employee Information”. Then, select “Forms,” and select “Purchase Requisition.xlsx,” select open, and then select the 2nd tab for Travel Voucher. After the form is completed, please attach all “original receipts” and submit to the NBSF Finance Department.



Professional Development Request

EMPLOYEE INFORMATION	
Name:	Date:
School:	Position:
PROFESSIONAL DEVELOPMENT PLAN DETAILS	
Name of training/workshop/conference:	
Date(s):	Location:
Sponsoring Group/Organization:	
Address:	Phone Number:
Website:	Fax Number:
<i>Provide details describing objectives, topics, and content that should be covered during this activity.</i>	
<i>Explain briefly what you intend to learn or gain (personally and/or professionally) from attending this activity.</i>	
<i>How does this training/development relate to your primary assignment or role at NBSF?</i>	
<i>How will your attendance at this activity benefit the school or students you work with?</i>	
<i>List the names of other faculty and/or staff from your school site who will attend this professional development:</i>	

How many other professional development workshops/trainings/conferences have you attended this school year?

What plans will be made to ensure that your school site responsibilities will be addressed during your absences (substitute, cancellation of electives, etc.)?

Indicate your strategy for redelivery to colleagues:

PROJECTED EXPENDITURES:

Registration cost: _____

Lodging: _____ (___ nights)

Travel: _____ Mode of Transportation: Airfare, Car, Train *(circle one)*

Car Rental: _____ or Personal Vehicle Mileage: _____

Ground Transportation: _____ Cab, Shuttle, Subway, Parking, Other *(circle one)*

Meals: _____ (# of breakfast _____, lunch _____, dinner _____)

Other (please specify): _____

Approx. Grand Total: _____

APPROVAL

Employee signature: _____ Date: _____

Supervisor/Director/Principal signature: _____ Date: _____

NETWORK APPROVAL (for office use only)

Chief Academic Officer signature: _____ Date: _____

Chief Executive Officer signature: _____ Date: _____