



West Central CUSD #235

Unit Office

Stacey Day, Superintendent

Karlie Johnson, Bookkeeper

Staff Development Request

Name of workshop/conference: _____

Date: _____ Time: _____ Location: _____

I will need lodging: Yes No If yes, date(s) needed: _____

List below the specific goal from your School Improvement Plan, District Initiative, Illinois Learning Standard, or Exit Outcome that the workshop/conference will address:

Faculty member(s) attending:	Sub needed:	Time needed:
1. _____	Yes No _____	_____
2. _____	Yes No _____	_____
3. _____	Yes No _____	_____
4. _____	Yes No _____	_____
5. _____	Yes No _____	_____

- Please attach a **completed registration form** for each faculty member attending the workshop/conference, along with a copy of the program.
- The Unit Office will register you for the workshop/conference.
- Upon completion of the workshop/conference, submit a completed Reimbursement Request Form to Shelly at the Unit Office.

Submitted by: _____ Date: _____

Principal Approval: _____ Date: _____

Administrator Request

District will pay: registration mileage meals lodging

Approved by Superintendent: _____

Date: _____

Title I Title II Other _____

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Guidelines for Professional Development Requests

Consideration for Requests:

Each employee will be granted one professional development request for the year. This request must show a relationship between the anticipated learning and the district or building SIP goals. It is also expected that employees will return to the district and be willing to share the information they have learned with the rest of the staff. In March, a re-evaluation of the professional development expenditures to date in relation to the budgeted amount will take place. If it appears that additional money is available, additional requests may be granted. If this is the case, all staff will be notified of the change.

There are some circumstances in which an employee may be asked or required to attend an **additional** professional development session. The following descriptions define these conditions:

- An employee is required to attend a session based on position requirements such as chairmanship or position in an organization, conditions related to funding, updates on legal/program changes or funding of position, etc., or
- An employee has been asked by the Administration or designee to attend a session/workshop, or
- An employee will be presenting at a conference, or
- An employee can show proof that such attendance (registration, mileage & lodging) will be reimbursed by a grant, the State Board of Education, Regional Office of Education or other funding source.

Reimbursement for Approved Professional Development Requests:

Rational for change in policy: Since funds for professional development are limited, it is the desire of the district to provide as many individual opportunities for professional development as possible. Following a modified version of the State Board of Education guidelines for reimbursement will enable us to conserve more money for additional registration, lodging, and mileage fees. Registration fees, lodging and mileage will be reimbursed when appropriate. Mileage according to the contract will be reimbursed from your school building or the employee's home to the site of workshop and return, whichever is the lesser amount. Participants are urged to carpool when possible.

Maximum amounts per meal will be reimbursed at the following rates:

- Breakfast (\$5.50) but only if leaving home before 6:00 A.M or staying overnight.
- No lunches will be reimbursed. Exception will be if it is included in registration fee or staying overnight. (\$5.50)
- Dinner (\$17.00) only if returning home after 7:00 P.M or staying overnight at conference.

Note: No receipts will be required. Participants will be reimbursed for meals based on departure and arrival times noted on the reimbursement request form if requested.



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Professional Development Reimbursement Request

(To be completed and turned in for each individual requesting payment)

Name _____ Building _____

Title of Conference Attended _____

Date _____

Mileage Requested from Home/Building to _____ and return _____

Departure Time _____ Return Arrival Time _____ Dollar Amount _____

Meals Requested - Breakfast Dates _____ Dollar Amount _____

Lunch Dates _____ Dollar Amount _____

Supper Dates _____ Dollar Amount _____

Other Expenses – Please explain _____

Total Amount of Reimbursement Requested _____

Signature of Employee _____ Date _____

*****For Office Use Only*****

Funding Source to be charged _____

Superintendent's Signature _____

Date _____

Revised: October 2023



WEST CENTRAL CUSD #235-CONFERENCE/WORKSHOP EVALUATION
(To be completed by each applicant)

(Name of Conference or Workshop) (Date of same)

(Location/city of conference/workshop) (# of contact hours)

Was this a worthwhile conference/workshop? Yes _____ No _____

Was this conference/workshop part of a series which will require attending future meetings?

Yes _____ No _____

How did you professionally benefit from this conference/workshop? _____

Conference/workshop information shared with other staff members/administration:

Definite date: _____ or Planned date: _____

Number of staff members attending THIS MEETING: _____

Comments: _____

OVERALL RATING: (Circle one) EXCELLENT GOOD FAIR POOR

(Date)

(Teacher's Signature)

(Principal's Signature)

(Superintendent's Signature)

Complete this form and return it with your MILEAGE AND EXPENSE claim within 10 days after returning from the conference/workshop.