

# Entiat School District Professional Development Request Form

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Workshop/Conference Title: \_\_\_\_\_  
*Attach a copy of the flyer, brochure, website, etc. for reference.*

Date(s) of Workshop/PD: \_\_\_\_\_

Time(s) of Workshop/PD: \_\_\_\_\_ Location: \_\_\_\_\_

**Please fill out either the District Required or the Employee Requested sections as applicable.**

District Required	Admin/Manager Requiring Workshop/PD: _____			
	Program: _____ <i>Example: SpEd, Title, CTE etc.</i>		Registration Fee: \$ _____	
			<i>PO/Credit Card Needed?</i>	
			Yes	No
Substitute Needed?		Yes	No	
Has Substitute Been Secured?		Yes	No	

Employee Requested	<b>EEA/Entiat Bargaining Agreement - Article III, Section 1, Part G: Tuition and Credit Reimbursement</b>			
	<p>...When classes, workshops, and other trainings are <u>not required by the District</u>, the District will reimburse the cost of tuition, credits, and/or clock hours up to the amount of \$500 per year for each certificated employee. Requests for reimbursement must be accompanied by a grade slip or other proof of successful completion, and a receipt or other proof of payment. Reimbursement will only be made for classes or workshops, the content of which meets one of the seven criteria established by the state for counting credits or clock hours towards placement on the salary schedule as specified in WAC 392-121-262.</p> <p>...In no instance will the District reimburse certificated staff for tuition, credits and/or clock hours in an amount exceeding \$500 per year. In case of a double levy failure, this section will expire on July 1 of that year.</p>			
	Reason: _____			
	Registration Fee: \$ _____			
	Substitute Needed?		Yes	No
Has Substitute Been Secured?		Yes	No	

*By signing below, the employee understands that they are responsible for completing any registration required for the PD/Workshop. They are also responsible for paying for clock hours and submitting a reimbursement for those clock hours to the District Office.*

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Principal/Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Superintendent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For District Office Use Only			
Received By: _____	on: _____	Approved: _____	Yes      No
PO (if applicable) # _____		Returned to Employee On: _____	