

Harrison County Professional Staff Development Teacher Request for Conference Funding

Name _____ Date _____

School Location _____

Title of Conference _____

Date of Conference _____

Conference Location _____

Will a substitute be required? _____ Yes _____ No

Number of days if a substitute is required _____

Expenses: Registration Fee _____

Mileage _____

Meals _____

Lodging _____

Substitute _____ (Allow \$100 per day)

Conference Description:

Describe how you expect to benefit in professional growth:

If you have other funding sources, please list?

Signature _____

School _____ Grade Level(s) _____

Funding is limited to \$500, which includes substitute pay, travel, and all other costs. To be considered, this form must be filled out completely. All other Professional Staff Development Council rules apply.

_____ Approved _____ Not Approved _____ Amount

Send all forms to **Professional Staff Development Council** @ County Office