



Washington
West
Supervisory
Union

1673 Main Street
Suite A
Waitsfield, VT 05673

Phone: (802) 496-2272
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Professional Development Approval Form

Courses · Workshops · Conferences

Name: _____

Date: _____

Title and Description of Course/Workshop/Conference: _____

(Attach a course/workshop description brochure or flyer and a completed registration form for all prepaid courses. Registration form must have name, address, and telephone/fax number of provider.)

College/Workshop Sponsor: _____ Course/Workshop Start Date: _____ End Date: _____

of Graduate (or other) Credits: _____

<i>For Teacher Use</i>		<i>For Administrator Use</i>	
	Requested Amount	Amount Pre-approved	Approved by
Tuition or Workshop Fee	\$	\$	
Credit Cost <i>(if separate from above)</i>	\$	\$	
Travel <i>(estimated fare or mileage)</i>	\$	\$	
Lodging <i>(estimated cost)</i>	\$	\$	
Food <i>(list meals)</i>	\$	\$	
Other <i>(travel, lodging, etc.)</i>	\$	\$	
I have completed the WWSU Professional Leave Request Form:		YES	N/A

- Please prepay the approved tuition or fee. *
- Please prepare a Purchase Order for these fees. *
Please make Purchase Order, Tuition, or Workshop Fee payable to:

and send it to this address:

- I am requesting reimbursement for fees I have already paid (receipt required): _____

To WWSU Business Office:

Please pay tuition for fee amounting to: _____

Please pay the expenses amounting to: _____

Approved by: _____

Date: _____

*If I drop or fail a course for which funds have already been committed or paid, I will reimburse the Board the full amount disbursed by the end of the contract year (June 30).

Teacher Signature: _____ Date: _____

FOR ADMINISTRATIVE USE ONLY:

_____ Request approved
_____ Request denied Denial reason: _____

_____ The Principal agrees that if the above activity has been satisfactorily completed the staff member is eligible to receive applicable credits for salary increases per the Master Agreement.

Principal Signature: _____ Date: _____