



Wisconsin Heights School District
Professional Development/Extended Contract Request

Form PD-1

- 1. Individual submitting request: _____ Date: _____
2. Request being made for:
Meeting (attach information) Extended Contract - Summer Project (Attach project description)
Workshop (attach information) In-District Professional Development Opportunity (Attach description)
Conference (attach information)
3. Will this activity be used for staff development buyout? Yes No
4. Will this activity be used for credit (advancement on pay scale)? Yes No
If yes, you must also attach the credit approval form.
5. Date(s) of activity: _____ Total hours: _____
6. Estimated cost: Registration Fee _____ Travel _____ Lodging _____
Meals _____ Parking _____
(Remember to submit the proper reimbursement request form after the activity).
7. Identify the goal(s) to be addressed with this activity.
8. Will a substitute be needed? Yes No (Please list dates below and circle if Full (F) or Half (H) day is needed)
___/___ FH ___/___ FH ___/___ FH ___/___ FH ___/___ FH

Approval Process (In This Sequence)

- 1. Director of Curriculum: Approved Denied
Signed: _____ Date: _____
(Needed only for requests to be paid from the curriculum and instruction budget)
2. District Administrator: Approved Denied
Signed: _____ Date: _____
(Needed only for credit requests and administrative requests. Credit request form must be attached.)

Account Number _____ Budget Year _____