

John Bergs
Activities Director
Margot Hansen
Director of Teaching & Learning
Jeff Heine
Buildings & Grounds Director



Chuck Keller
Business Manager
Margot Hansen
Student Support Services Director
Dorothy Koller
Community Ed Director

2024-2025 Staff Development Application Form

Name: _____ Date: _____

Title, date, and location of activity:

Briefly describe the activity and how it will connect to one or more district goals or your personal growth goal:

If this is a group activity, please identify who will be involved:

Please indicate how the requested funds will be utilized:

<u>Description</u>	<u>Amount</u>	<u>Actual Cost</u> (please attach detailed receipts)
Registration:		
Supplies:		
Meals: (only reimbursed if overnight)		
Mileage: <i>miles</i> (\$.67 per mile)		
Substitute Costs: (\$116 per day)		
TOTAL FUNDS REQUESTED		

To be completed by District Staff Development Committee.

Request for funding is: _____ Approved _____ Denied

If denied, state the reason:

If your request has been denied and you would like to initiate an appeal of the District Staff Development team decision, please sign below and submit to the District Staff Development Committee within seven working days of the date the application was initially reviewed by the committee.

Signature: _____ Date: _____