

EMPLOYEE PROFESSIONAL DEVELOPMENT FORM

WESTBURY HIGH SCHOOL

Please submit to your Appraiser/Department Administrator for approval at least 10 days prior to training date.

An Absence from Duty with Sub request is required when PD requires time away from work. Please submit to Mrs. De La Rosa, School Secretary.

Employee Name		Employee ID Number	Today's Date
Professional Development Training Program Title		Date of Training	
Training Provider (Company)	Location	Cost	
Method of Payment			
<input type="checkbox"/> Reimburse employee (employee uses personal card to sign up and brings proof of payment to Business Office) <input type="checkbox"/> Request school to register employee			
I am requesting to participate in this staff development because: <input type="checkbox"/> Requested by appraiser/administration <input type="checkbox"/> Part of my professional development plan <input type="checkbox"/> I am interested in the topic			
As a result of this staff development, I expect to learn (short description):			
I expect to be able to use this information in my teaching as follows (short description):			
I agree to share the information I learn with my colleagues during a department/cluster meeting.			
Requestor Signature		Date	
*Appraiser/Dept. Administrator -*Approval required		Date	
Principal Signature		Date	