District	
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Willows Unified School District Certificated and Classified Professional Development Request Form

*Please attach a copy of all conference information and all pertinent documents that may support filing and final expenditure reporting.

Personal Information				
Name:	School/Department:	Date:		
Professional Development Details				
Title of Professional Development:		Dates:		
Provider/Organization:	Location	Location:		
Registration Cost:	Total Conference Cost:	Other Costs:		
Substitute Mile	eage Lodging Meals	School Van Flight		
Purpose and Benefits				
Purpose of Professional Development:				
Describe how this professional develop	pment aligns with the school/district go	als:		
How will this professional developmen	nt improve your practice and benefit you	ur students?		
Approvals Routing of all PD Requests go to Site.	Principal → Site Secretary → Director	· C I & A → Accounts Pavable		
		Date:		
		Date:		
Post-Professional Development (To Site Principal)	be completed within two weeks of the	professional development and sent to the		
Summary of Professional Developmen	at Experience:			

How will you implement what you have learned?		
Any additional comments or recommendations:		
Submission Instructions		
Please submit this form to your immediate supervisor is Secretary. Site Secretary will provide to the Director of A completed copy will be returned to the staff member	f C.I. & A. for final appr	oval and submission to Accounts Payable.
For District Office Use Only		
Date Received:App	proved by:	
Comments:		
This form ensures that all professional development acbenefits to both educators and students.	ctivities are aligned with	the district's goals and provide meaningful
For District Office Use Only:		
Approved Denied Denied	Funding	PO#

[PD Request form as of 9/3/24]