WILLOWS UNIFIED SCHOOL DISTRICT

Professional Development Request Form

**Attach all conference/event information before submitting.*

PERSONAL INFORMATION		
Name:		**Date:**
School / Department:		
Position (Cert / Classified):		**Site:**

PROFESSIONAL DEVELOPMENT DETAILS	
Title of PD / Event:	
Provider / Organization:	
Location:	**Dates of Event:**

Estimated Costs — attach receipts/invoices when available **Total Costs: _____**

Registration: $_____ Sub: $_____ Mileage: $_____ Lodging: $_____ Meals: $_____ Flight: $_____
Baggage Fees: $_____ Parking: $_____ Other: $_____ TOTAL: $_____

District Vehicle Needed: Yes / No Substitute Required: Yes / No

PURPOSE & ALIGNMENT

Purpose of this professional development:

_____
_____
_____

How does this align with school/district goals?

_____
_____
_____

How will this improve your practice and benefit students?

_____
_____
_____

Staff Signature: _____ Date: _____

Principal Received: _____ Date: _____

FUNDING SOURCE

Does this request fall under one of the following? Check all that apply:

☐ CTE Funds ☐ ELOP Funds ☐ ELD Professional Development ☐ Aeries Training

☐ School Counselor PD ☐ Community Schools Funds ☐ Arts & Music ☐ ASB ☐ Vocational Ag

☐ NONE — charge to Site PD Pot

If a separate fund is checked, Site Secretary will connect with the DO — do NOT process through the site PD pot.

SITE SECRETARY — BUDGET REVIEW (Complete before routing to principal. Consider all pending approved PD that has not yet been entered into Escape.)

Current Site PD Pot Balance: $_____

Estimated cost of this request: $_____

Balance remaining if approved: $_____

☐ Sufficient funds available ☐ Funds insufficient — notify principal before routing

Secretary Initials: _____ Date: _____

PRINCIPAL REVIEW CHECKLIST

Before signing, confirm:

☐ Sufficient site PD funds are available (verified with secretary)

☐ Request aligns with school/district improvement goals

☐ PD opportunity distribution considered — not disproportionately the same staff member

☐ Substitute coverage plan is in place (if applicable)

Decision: ☐ APPROVED ☐ DENIED

If denied, reason: _____

Principal Signature: _____ Date: _____

DISTRICT OFFICE — FOR OFFICIAL USE ONLY

Director of C.I. & A. Decision: ☐ **APPROVED** ☐ **DENIED** Initials: _____ Date: _____

Director of Business Decision: ☐ **APPROVED** ☐ **DENIED** Initials: _____ Date: _____

Funding Source Verified: ☐ PO #: _____ Date Received: _____

Comments: _____

District will arrange logistics: ☐ **Yes** ☐ **No**

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Professional Development — Post-PD Report

Complete within two weeks of PD completion and submit to your site principal.

Staff Name:		**Date of PD:**
Title of PD:		

Summary of Professional Development Experience:

How will you implement what you learned? What is your action plan?

Additional comments or recommendations: