## SUBMIT IN DUPLICATE (10 DAYS IN ADVANCE) FOR APPROVAL SIGNATURES

## FAIRFIELD PROFESSIONAL DEVELOPMENT PRE-APPROVAL FORM CONFERENCES/WORKSHOPS

Name: Social Secu School: House:  Teaching Assignment/Grade:	rity Number:	
Title of Activity: Be Specific  Location of Activity:  Goal to be addressed: District: Building: Program: Individual: Specific Goal: (Describe in one or two sentences)	to be addressed:	
How will this activity provide for the acquisition of new skills, knowledge and/or abilities, which will enhance student learning? Be specific.		
A. REQUEST FOR CEU EQUIVALENT CREI  Date: CEU equivalent credits that can be awarded:  CEU Coordinator's Signature:	Code:	
Reminder: In order to receive credit, you must submit a CEU Equivalent Verification Form after you have completed this activity.  B. REQUEST FOR PROFESSIONAL DEVELOPMENT REIMBURSEMENT  Anticipated Expenses: *Other Costs:		
*May include travel (out of state, lodging (out of state), and meals.  Building Account:  Building Administrator's Signature:  Instructional Office Account:		
Director of Curriculum, Instruction & Assessment Signature:		
Approved for Reimbursement \$		
Approved for Partial \$		
Not Approved \$  The observable evidence and receipts will be necessary before final payment. For a confirmed workshop, please use the Out-Of-Town Travel Form when submitting expenses It is the staff member's responsibility to file within the appropriate fiscal year.		
C. REQUEST FOR PROFESSIONAL DE *REQUEST IS HEREBY MADE FOR ABSENCE FRO		
Date(s) of absence:		
Full Day(s): Portion of Day:		
Administrator's Signature:		
Disposition:		

☐ With Full Pay	
Loss Equivalent to Substitute Pay	
Loss of Full Pay	Reason Code:
*Final approval is given by the Human Resources Office	
Assistant Superintendent, Human Resources Signature:	
Human Dasauras	

**Human Resources**