

Spartanburg School District Four Travel/ Professional Development Request

Name of Educator _____

Professional Development Activity _____

Destination/Location of Event _____

Date/Time of Departure _____ Date/Time of Return _____

Is this Professional Development Activity required for your job? YES or NO

State Student Learning Objective/Professional Goal that matches this activity.

Describe how the activity meets the SLO/Professional Goal above.

How will you use the information from this activity to enhance student learning?

How will you redeliver this information to colleagues who did not attend?

***Please attach an itinerary or agenda of conference or event.**

Statement of need: (Please check all you are requesting.)

District Car or Mileage Reimbursement (Only District Four Employees are eligible to drive district cars)

Personal Vehicle- Mileage WILL NOT be reimbursed unless district car is unavailable.

Lodging \$ _____

Registration \$ _____

Substitute \$ _____

Other _____ \$ _____

Employee Signature _____

Principal Signature _____

District Office Approval Signature _____

District Car reserved for you. Pick up keys from DO. Mileage approved for personal vehicle.