



GEORGETOWN ISD FINE ARTS

REQUEST FOR
OUT-OF-DISTRICT PROFESSIONAL DEVELOPMENT - EMPLOYEE TRAVEL FUNDING

Employee Name _____ Today's Date _____

Title of Professional Conference, Clinic or Workshop _____

Date(s) of Professional Conference, Clinic or Workshop _____

Number of Professional Development Hours to be earned _____

Is this event eligible for a "Comp Day" (on a Saturday, spring break, summer or other non-contract day) [] Yes [] No

Substitute Needed? [] Yes [] No If yes, what specific days and times? _____

Explain the direct curricular benefit to GISD students by employee attending this event -

[Empty box for explaining direct curricular benefit]

When and how will the information learned at this event be shared with other GISD staff members?

[Empty box for sharing information]

Estimated Expenses -

Table with 2 columns: Expense Category and Requesting FA Funds for this expense? (Yes/No checkboxes). Rows include Organization Membership Dues, Conference Registration Fee, Estimated Mileage Expense, Estimated Hotel Expense, Estimated Meal Expense, and Estimated total cost to GISD.

Employee Signature _____ Date _____

Principal Signature _____ Date _____ Approved [] Denied []

Reason for Denial _____

Director of Fine Arts Signature _____ Date _____ Approved [] Denied []

Reason for Denial _____