LAKEWOOD PUBLIC SCHOOL DISTRICT

LAKEWOOD, NEW JERSEY 08701

**REQUEST FOR PROFESSIONAL DEVELOPMENT LEAVE**

NAME: DATE:

SCHOOL: POSITION:

ACCT# (Registration, Transportation, Lodging Meals)

ACCT# (Compensation – if Applicable)

NAME OF WORKSHOP/CONFERENCE/PD:

DATE OF EVENT:

LOCATION OF WORKSHOP/CONFERENCE/PD:

ARE YOU ATTENDING THE PD WITH OTHER STAFF? Y N

ESTIMATED EXPENSES

Transportation Expense (flight/bus/train): $

Driving:

Mileage (Round Trip): (include google map)

Mileage Expense (.31 x Miles): $

Tolls: $

Registration fee: $

Lodgings: $

Meals: $

Other (please explain): $

**Explanation:**

Total: $

**Professional Development requests for all Out of State travel for more than five (5) individuals or amounts equal to or greater than $5,000.00 MUST be approved by the County Superintendent**

**All requests must be submitted two weeks prior to the next scheduled Board of Education Meeting.**