

Professional Development Request
Model Laboratory School

Name: _____ Application Date: _____

Conference: _____ Location: _____

Date(s) of Conference: _____

Substitute Teacher Request Submitted: _____ Yes _____ No

Mode of Transportation To/From Conference: _____

Estimated Expenses:

Registration Fee: _____ Materials: _____

Lodging: _____ Meals*: _____

Transportation: _____

Other (specify): _____

Total Amount Requested: _____

*Per Diem for meals is paid when travelers' authorized work requires an overnight stay and a travel destination of more than 40 miles (one-way) from Model Laboratory School or home, whichever is less. Please refer to ECU Travel Regulations for per diem rates.

How will the knowledge gained from attending this conference impact student learning and enhance your teaching?

How do you intend to share the knowledge, skills, and understandings gained from attendance at this conference with your colleagues?

Note: If traveling out of state or country, you must fill out and attach the ECU Request for Out of State Travel form (https://accounts.eku.edu/sites/accounts.eku.edu/files/out_of_state_travel_request_0.pdf)

By signing below, you agree that you have read the Eastern Kentucky University travel regulations (<https://accounts.eku.edu/overview-eku-travel-regulations>)

Signature: _____ Date: _____

Central Office Approval: _____ Date: _____

Principal/Manager Approval: _____ Date: _____