

**EDUCATION FOR EMPLOYMENT
PROFESSIONAL DEVELOPMENT REQUEST
2019-2020**

CURRENT DATE:

INSTRUCTOR NAME:	PROGRAM TITLE:	NUMBER OF SECTIONS:
OPERATING DISTRICT:	PHONE NUMBER:	FAX:

HOW TO COMPLETE THIS FORM - Instructors, please list below, in priority order, your professional development needs for this current year. Include any meetings, conferences, events, etc. that would include reimbursable expenses. Be sure to provide a rationale for the items listed. Please obtain your principal's signature.

Keep a copy for your records and return a copy to your EFE Program Administrator by: FEBRUARY 1, 2019

PRIORITY #1	NAME OF CONFERENCE & SPONSORING AGENCY	DATE: (APPROX)
	LOCATION:	APPROXIMATE COST:
RATIONALE FOR REQUESTING:		

PRIORITY #2	NAME OF CONFERENCE & SPONSORING AGENCY	DATE: (APPROX)
	LOCATION:	APPROXIMATE COST:
RATIONALE FOR REQUESTING:		

PRIORITY #3	NAME OF CONFERENCE & SPONSORING AGENCY	DATE: (APPROX)
	LOCATION:	APPROXIMATE COST:
RATIONALE FOR REQUESTING:		

PRIORITY #4	NAME OF CONFERENCE & SPONSORING AGENCY	DATE: (APPROX)
	LOCATION:	APPROXIMATE COST:
RATIONALE FOR REQUESTING:		

APPROVALS:			
HIGH SCHOOL PRINCIPAL'S SIGNATURE:	DATE:	EFE PROGRAM ADMINISTRATOR'S SIGNATURE:	DATE: