

PORT EDWARDS PUBLIC SCHOOLS

Board of Education Policy

SUPPORT STAFF PROFESSIONAL DEVELOPMENT

The purpose of individual continuing support staff education activities is to increase staff effectiveness. Since individual needs are varied, a process which can be used in many different situations is desirable. The funds available are limited to a budgeted amount. Therefore, they should be used for the benefit of the largest number of staff. Each member should have an equal opportunity to make use of the funds for professional development.

Since the board of education has established a set amount for staff education, first requests will be given priority. However, if there are funds available at the beginning of the 2nd semester, an additional workshop may be requested. All requests shall require administrative approval, in accordance with established procedures.

Each individual who requests a continuing staff education activity must initiate the procedure by submitting an application which includes the selected activity costs, and time to be used. The application must be submitted to the district administrator.

Adopted: 03/29/95
Reviewed:
Revised: 08/15/05

CROSS REF.: 547 – Rule, Support Staff Professional Development Procedures
547 – Exhibit, Request to Participate in Professional Development Activity

SUPPORT STAFF PROFESSIONAL DEVELOPMENT

PROCEDURES

1. Submit "Request to Attend Meeting" form (attached to this policy) to district administrator for approval.
2. After approval, submit a "Purchase Order" and "Leave Request Form" to the central office.
3. After workshop, submit "Expense Voucher", if applicable, to district administrator.

Port Edwards School District

**SUPPORT STAFF REQUEST TO PARTICIPATE
IN PROFESSIONAL DEVELOPMENT ACTIVITY**

Today's Date: _____

Person(s) Submitting Request:

Brief description of workshop, including location:
(attach copy of brochure and completed registration form, if applicable)

Date(s) of workshop: _____

Projected Costs:	Fees:	\$ _____
	Meals:	\$ _____
	Mileage <i>(\$.30/mile)</i>	\$ _____
	Lodging	\$ _____
	TOTAL	\$ _____

Approved

Not Approved for the following reason(s) _____

Superintendent

Date