

Entiat School District Professional Development Request Form

Name: _____ Date: _____

Workshop/Conference Title: _____
Attach a copy of the flyer, brochure, website, etc. for reference.

Date(s) of Workshop/PD: _____

Time(s) of Workshop/PD: _____ Location: _____

Please fill out either the District Required or the Employee Requested sections as applicable.

District Required

Admin/Manager Requiring Workshop/PD: _____

Program: _____ Registration Fee: \$ _____

Example: SpEd, Title, CTE etc.

PO/Credit Card Needed?

Yes

No

Substitute Needed? Yes No

Has Substitute Been Secured? Yes No

Employee Requested

EEA/Entiat Bargaining Agreement - Article III, Section 1, Part G: Tuition and Credit Reimbursement

...When classes, workshops, and other trainings are not required by the District, the District will reimburse the cost of tuition, credits, and/or clock hours up to the amount of \$500 per year for each certificated employee. Requests for reimbursement must be accompanied by a grade slip or other proof of successful completion, and a receipt or other proof of payment. Reimbursement will only be made for classes or workshops, the content of which meets one of the seven criteria established by the state for counting credits or clock hours towards placement on the salary schedule as specified in WAC 392-121-262.

...In no instance will the District reimburse certificated staff for tuition, credits and/or clock hours in an amount exceeding \$500 per year. In case of a double levy failure, this section will expire on July 1 of that year.

Reason: _____

Registration Fee: \$ _____

Substitute Needed? Yes No

Has Substitute Been Secured? Yes No

By signing below, the employee understands that they are responsible for completing any registration required for the PD/Workshop. They are also responsible for paying for clock hours and submitting a reimbursement for those clock hours to the District Office.

Employee Signature: _____ Date: _____

Principal/Supervisor Signature: _____ Date: _____

Superintendent Signature: _____ Date: _____

For District Office Use Only

Received By: _____ on: _____ Approved: Yes No

PO (if applicable) # _____ Returned to Employee On: _____