

**Franklin Central Supervisory Union**  
BFA / NWTC – St. Albans City – St. Albans Town – Fairfield

**Request for Professional Development Funds**

**I. Employee:**

Name: \_\_\_\_\_ School: \_\_\_\_\_  
Please print

Name of Activity: \_\_\_\_\_ Position: \_\_\_\_\_

Dates of Activity: \_\_\_\_\_

Check One:  Workshop/Conference  Accredited Course

Check One:  Pre-Payment to Vendor\*  Reimburse Me [upon receipt of proof of payment and attendance]

\*PRE-PAYMENT AUTHORIZATION: In accordance with the provisions of the master contract, I hereby agree to repay in total the prepayment costs and, where appropriate, authorize the School District to make payroll deductions to recoup said costs in the event that I am unable to meet the prescribed terms and conditions described herein.

Make check payable to: \_\_\_\_\_

Address: \_\_\_\_\_

Cost \$ \_\_\_\_\_

Have you registered? \_\_\_\_\_

The cost listed here should be verifiable on the attached documentation.

Registering yourself is highly recommended. Otherwise, it will be forwarded only with payment.

> *Attach information as necessary [completed registration form, course description, etc]* <  
How will this activity support school and action plan, school and/or supervisory union goals and your IPDP?

---

---

---

---

Upon completion of accredited course work you will be required to write about what you learned, how you have shared the information and how you will apply your new learning to your current assignment

Related Expenses: \$40 a day meal allowance, Travel, Hotel, Parking – Attach Original receipts to a reimbursement form noting the course for which these expenses were incurred and forward to your building secretary for processing.

\_\_\_\_\_  
Requestor

\_\_\_\_\_  
Date

**Principal (Supervisor) :**

Funding Source (s) : Amount to pay \$ \_\_\_\_\_ Function Code: \_\_\_\_\_

Amount to pay \$ \_\_\_\_\_ Function Code: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date