KEYSTONE SCHOOL DISTRICT
Continuing Professional Development
PRE-APPROVAL REQUEST FORM
(Request must be submitted Five (5) Days in Advance of Board Meeting)

Date of Request _____________________

NAME OF PROFESSIONAL EMPLOYEE _______________________________________________

Professional Activity __________________________ Professional Activity Category __________

What  _________________________________________________________________________________
Where  ________________________________________________________________________________
When  ____________________________________    Time ______________________________

Sponsor of the Activity  ___________________________________________________________________

Particular Areas of Interest to the Staff Member:
____________________________________________________________________________________________________
____________________________________________________________________________________________________

How will this Meeting Improve our Educational Program, Help our Students or Further your Professional
Development?
____________________________________________________________________________________________________
___________________________________________________________________________________________________

REASONABLY ACCURATE ESTIMATE OF EXPENSES (please list):

REGISTRATION _____________________________
TRAVEL _____________________________
MEALS _____________________________
ROOM _____________________________
MISCELLANEOUS _____________________________
TOTAL EXPENSE ESTIMATE _____________________________

Did you Request Funding for this Activity?  Yes ______  No ______
Have Adequate Funds Been Budgeted in the School District Budget?  Yes _____  No ______

PROFESSIONAL EMPLOYEE’S SIGNATURE _____________________________________________ Date ______________

ACT 48 COORDINATOR’S SIGNATURE _____________________________________________ Date ______________
Approval _____ Disapproval _____
Comments:
____________________________________________________________________________________________________
____________________________________________________________________________________________________

PRINCIPAL’S SIGNATURE _____________________________________________ Date ______________
Approval _____ Disapproval _____
Comments:
____________________________________________________________________________________________________
____________________________________________________________________________________________________

SUPERINTENDENT’S SIGNATURE _____________________________________________ Date ______________
Approval _____ Disapproval _____
Comments:
____________________________________________________________________________________________________
____________________________________________________________________________________________________

Section 517 of the PA School Code requires a final itemized verified statement of expenses before any payment can be made.
Therefore, all expenses must be accompanied by a receipt when reimbursement is requested
*Please make a copy of this form prior to submission.           Forms 2010