

Manchester City Schools  
**REQUEST FOR PROFESSIONAL DEVELOPMENT**

\_\_\_\_\_ School Year

<u>Participant's Name</u>	<u>Position</u>	<u>Location</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Name of Event: \_\_\_\_\_

Event date(s): \_\_\_\_\_

TSIP and/or TCSP: Identify page and goal #:

\_\_\_\_\_

Approval:  granted  denied (If approved, documentation of follow-up training is required)

\_\_\_\_\_  
Principal/Designee's Signature

\_\_\_\_\_  
Program Administrator's Signature

\_\_\_\_\_  
**Fund**

For Office Use Only

Company Sponsoring Event: \_\_\_\_\_

Event location (city): \_\_\_\_\_

Credit Card # \_\_\_\_\_ Enclose Check \_\_\_\_\_

Payee name and address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Hotel \_\_\_\_\_

Date(s) of reservation: \_\_\_\_\_

Credit Card # \_\_\_\_\_ Enclose Check \_\_\_\_\_

Payee name and address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_ Conference Registration \_\_\_\_\_ Date Booked

\_\_\_ Hotel Reservation \_\_\_\_\_ Date Booked

\_\_\_ Memo to Participant(s)

\_\_\_ Travel Reimbursement