

Professional Development Request
Trinity Catholic Schools
TEACHER BETTERMENT



Name: _____ Date of Request: _____

Activity Title: _____

Location of Project: _____

Training Dates: _____

| Budget Item | Cost | Details | Requestor Notes |
|---|-------------|----------------|------------------------|
| Registration: <u>attach completed registration form with address AND proof of payment</u> | \$ | | |
| Lodging (up to \$75 per night): <u>name & address of hotel & nights reserved</u> | \$ | | |
| Grad Credits: | | | |
| Other: | \$ | | |
| Total: | \$ | | |

Teacher's Signature: _____ Date: _____

Principal's Approval: _____ Date: _____

Teacher Betterment Committee: _____ Date: _____

Routing of Form:

- Please return completed form to Principal/Dean of Students for approval.
- If approved, Principal/Dean of Students forwards to Teacher Betterment Committee for approval.
- If approved, Teacher Betterment Committee forwards to Business Office for reimbursement to Teacher.