

## HANOVER PUBLIC SCHOOLS Professional Development / Course Approval Form

Staff Member's Name:	Date Submitted:
School Assignment:	Grade/Subject:
Company or Organization Sponsoring Act	ivity:
Name of Course, Workshop, or Topic:	
Location:	Date(s) of Activity:
Specific Activity: (Attach backup)  1 Graduate Course  2 Workshop, Conference or Seminar  3 In House District Approved Project  4 Other (Please explain)  Registration completed: Yes No  Have you already paid? Yes No  Separate purchase orders must be produced for each payee. Purchase orders must be submitted 10 days prior	
	nade after verification of attendance and proof of payment are
Total Cost of Activity: \$	Purchase Order #
*Upon approval, please enter your absence in Proxy.	
*For reimbursement, please fill out the <u>Reimbursement Request Form</u> on the Professional Development Forms page on the Hanover Public Schools Website.	
Staff Absence and Approval for Professional Development Activity	
Dates of Absence:	
Building Administrator's Approval:	Date:
Central Office Approval:	Date:
☐ <b>Approved</b> ☐ Paid ☐ Unpaid ☐ <b>Not Approved</b>	