

**HINGHAM PUBLIC SCHOOLS**  
**RESOURCE TEACHER/DIRECTOR PROFESSIONAL DEVELOPMENT FUNDS REQUEST FORM**

Instructions: For pre-approval, please complete this form at least 30 days prior to the workshop/conference and/or in-service work days requiring substitute coverage and attach a description of the workshop. Then submit both to the Assistant Superintendent of Schools. Once action is taken the form will be returned to the Resource Teacher/Director making the request.

SECTION I - PRE-APPROVAL			
<b>Name:</b>		<b>Today's Date:</b>	
<b>School/Department:</b>		<b>Requested Date/s:</b>	
<b>Activity/Workshop Title:</b>			
ESTIMATED COSTS/VENDOR INFORMATION			
<b>Cost Per Person:</b> <small><i>(attach form)</i></small>	\$	<b>Total Amount Requested:</b>	\$
<b>Vendor Name:</b>		<b>Vendor Address:</b>	
<b>Vendor Phone:</b>		<b>Vendor Fax:</b>	
ATTENDANCE INFORMATION			
<b>Total Educators Attending*:</b>		<b>Total Substitutes Needed:</b>	
<b>Date of Principal/s Approval:</b>			
<b>Signature of Requestor:</b> _____		<b>Date:</b> _____	

\* Please submit a complete list of those educators who will be registered for the workshop/conference. If you are requesting the district to register participants, please attached completed registration forms outlining all required information for registration.

SECTION II - OFFICE USE ONLY			
<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved		<b>Charge to Account #:</b>	
<b>Signature:</b> _____		<b>Date:</b> _____	