

## **PD Request Protocol**

**\* If you have a book study or other onsite proposal, skip to 2b. Steps 2b, 3 and 5 are the areas that need completed.**

- 1. Leave Request Approved by Building Administrator (Keep)**
- 2. PO for Registration Submitted for approval with...**
  - a. Travel Request Form**
  - b. 18/19 Profession Development Request Google Form to be completed and submitted.**
- 3. Approval Determined by Superintendent, Curriculum Director, Building Administrator, Athletic Director or TQ Committee as appropriate.**
- 4. If Approved...**
  - a. Reserve Transportation if Needed**
    - i. Pick-up keys from District Office**
    - ii. Fill-out yellow transportation card found in school vehicle**
    - iii. Return key and yellow form to District Office or Key Box**
  - b. Overnight Stays**
    - i. PO to Reserve Hotel Room (Coordinate with Deb Taylor)**
    - ii. Pick-up School Credit Card from District Office**
    - iii. Meals (\$10 Breakfast, \$15 Lunch, and \$20 Supper)**
      - 1. Keep Itemized Receipts of meals and other expenses**
      - 2. Turn in Receipts to District Office**
    - iv. Fill in Travel Request Form Reimbursement Section if Applicable, Attach Gas Receipt**
- 5. Fulfill commitments to the approved Profession Development Request Google Form.**

**L-M COMMUNITY SCHOOL DISTRICT  
LEAVE REQUEST FORM**

**#1**

**To Be Completed by the Employee: (submit all copies for approval)**  
**In the event of a planned absence, this form must be submitted before the absence. In cases of illness or emergency leave, this form must be submitted IMMEDIATELY upon returning to work.**

Name \_\_\_\_\_

Date(s) of Absence:    Day of Week: \_\_\_\_\_ Month: \_\_\_\_\_ Day: \_\_\_\_\_ Yr 20 \_\_\_\_\_  
 Day of Week: \_\_\_\_\_ Month: \_\_\_\_\_ Day: \_\_\_\_\_ Yr 20 \_\_\_\_\_  
 Day of Week: \_\_\_\_\_ Month: \_\_\_\_\_ Day: \_\_\_\_\_ Yr 20 \_\_\_\_\_  
 Day of Week: \_\_\_\_\_ Month: \_\_\_\_\_ Day: \_\_\_\_\_ Yr 20 \_\_\_\_\_  
 Day of Week: \_\_\_\_\_ Month: \_\_\_\_\_ Day: \_\_\_\_\_ Yr 20 \_\_\_\_\_

I request the type of leave indicated below for the following reason: \_\_\_\_\_

_____ Sick	_____ ALL DAY	_____ AM	_____ PM
_____ Family Illness (8)	_____ ALL DAY	_____ AM	_____ PM
_____ Personal	_____ ALL DAY	_____ AM	_____ PM
_____ Professional	_____ ALL DAY	_____ AM	_____ PM
_____ Jury Duty	_____ ALL DAY	_____ AM	_____ PM
_____ Vacation	_____ ALL DAY	_____ AM	_____ PM
_____ Without Pay	_____ ALL DAY	_____ AM	_____ PM
_____ Funeral - (Relationship to employee) _____			
	_____ ALL DAY	_____ AM	_____ PM

EMPLOYEE SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

**To be completed by the Supervisor/Administrator:**

Type of Leave Approved: \_\_\_\_\_ All Day \_\_\_\_\_ AM \_\_\_\_\_ PM

Reason Disapproved: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_ Date Evaluated: \_\_\_\_/\_\_\_\_/\_\_\_\_

Substitute Personnel: \_\_\_\_\_

(white copy to office      yellow copy to employee      pink copy retained by supervisor)



LOUISA-MUSCATINE COMMUNITY SCHOOL DISTRICT  
Request to Travel (Reimbursement)

#2a

The information requested shall be prepared, prior to an employee's departure, for any travel outside of the School District.

NAME: \_\_\_\_\_

Purpose of Travel: \_\_\_\_\_

Travel Destination: \_\_\_\_\_

Date(s) Requested: \_\_\_\_\_ A.M. \_\_\_\_ P.M. \_\_\_\_ ALL DAY \_\_\_\_

ESTIMATED EXPENSES:

Travel \$ \_\_\_\_\_

Budget Code: \_\_\_\_\_

Meals \_\_\_\_\_

Signature: \_\_\_\_\_

Lodging\* \_\_\_\_\_

Recommended by: \_\_\_\_\_

Fares/Parking/Rentals \_\_\_\_\_

(Supervisor/Principal)

Registration\* \_\_\_\_\_

Approved by: \_\_\_\_\_

TOTAL \$ \_\_\_\_\_

(Superintendent)

\*The person on this request is responsible for making any and all registrations & reservations on this request.

DO NOT SEPARATE FROM FORM

REQUEST FOR REIMBURSEMENT OF EXPENSES  
(Bottom portion to be filled out with actual expenses after trip is completed)

#4iv

\_\_\_\_\_  
(Supervisor/Principal approval)

Travel: \_\_\_\_\_ Miles /25 \_\_\_\_\_ per mile\*\* \$ \_\_\_\_\_

Meals: Attach Detailed Receipts \$ \_\_\_\_\_

Lodging: Attach Receipts \$ \_\_\_\_\_

Fares & Fees & Parking: Attach Receipts \$ \_\_\_\_\_

Registration: Attach Receipts \$ \_\_\_\_\_

TOTAL REQUESTED \$ \_\_\_\_\_

(Do not write in box below)  
**FOR BOARD OFFICE USE ONLY**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Request for reimbursement of expense must be received the Friday before Board Meetings. Payment will be issued after Board approval.)

\*\* Travel is reimbursed by taking the # of miles divided by 25 \* the current gas price.

#26

Section 1 of 6



# 18-19 Professional Development Requests

Please fill out the form and provide as much detail as possible. The more information we have about the event the better! Thank you for your desire to improve your professional knowledge!

This form is automatically collecting email addresses for Louisa-Muscatine CSD users. [Change settings](#)

What is your request for: \*

- Conference/Professional Development
- Book Study
- Other...

After section 1 [Continue to next section](#)

Section 2 of 6



## Book Study

Description (optional)

What is the title of the book you wish to read? \*

Short answer text

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**Do you want the district TQ funds to purchase the books or do you wish to purchase them? \***

District Purchase

Self Purchase

**Who will be the facilitator of the group? (Mark with asterisk\*) Please list other \* participants you know are willing to participate.**

Short answer text

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**How many hours outside of contract time do you estimate the facilitator will need to prepare meaningful discussions? \***

Short answer text

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**How many hours do you anticipate it will take to read the book? \***

Short answer text

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**How many times do you plan to meet outside of contract time? \***

Short answer text

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**How long will your meetings be? \***

1 hour

30 minutes

**Where will your group meet? (Location on campus-building and room) \***

Short answer text

**What dates and times do you plan to meet? \***

Long answer text

After section 2 [Go to section 5 \(Professional Sharing\)](#)

Section 3 of 6



## PD/Conference Request

Description (optional)

**Have you discussed this with your building principal/supervisor? \***

Yes

No (Please do so as soon as possible, so that appropriate arrangements can be made, ie: subs)

**Name of the training/conference/event you wish to attend. \***

Short answer text

**Date(s) of the event. \***

Short answer text

**Location of the event (street address). \***

Short answer text

**Cost of registration. \***

Short answer text

**Will you be requesting a school vehicle for transportation? \***

Yes

No

**Will you need to stay in a hotel? \***

Yes

No

18-19 Professional 

SEND

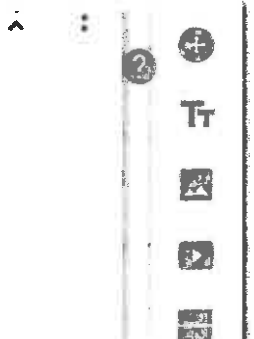
M

QUESTIONS    RESPONSES    11

SECTION 4 OF 6

# Hotel Stay

Description (optional)





How many nights will you need hotel accommodations? Please list dates of stay. \*

Short answer text

After section 4 Continue to next section

Section 5 of 6



## Professional Sharing

Please describe how this learning relates to L-M district mission, vision, and goals. Tell us how you plan to use the knowledge you gain in your job assignment. Please share how you are willing to share this knowledge with your colleagues.

Which of the following categories does your training/study relate to? \*

- Our Mission: We value. We challenge. We prepare, every student every day.
- Our Vision: Ignite forward thinking learners who excel in leadership, innovation, and pride.
- Goal 1 - Increase the number of students performing in the Proficient and Advanced levels on the State Approved A...
- Goal 2 - Equip students to graduate with the skills and mindset for college and career readiness

- Goal 3 - Increase school, family, and community relationships with the common focus of improving student learning...
- Pertains to my Independent Professional Development Plan
- Other...

Please describe how this will increase your capacity as a professional and in your current position. \*

Long answer text

How do you plan to share your learning with others: \*

- With my PLC or other specific small groups
- With my building
- With the district whole group
- With the district as a break out session
- Presentation to the School Board
- Other...

After section 5 [Continue to next section](#)

Section 6 of 6



## Other Information

Please use this section to detail your plan if you did NOT select Book Study or Conference. Include amount of time involved in preparation, necessary materials, and the length of time the professional development will take.

**Is there any other pertinent information that the committee needs to know? \***  
**If you marked "other" on any questions, please explain.**

Long answer text

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**When will you present this to the TNT committee? \***

- November 2018
- December 2018
- January 2019
- February 2019
- March 2019
- April 2019
- May 2019 (for summer activities)

#4a

<b>TRANSPORTATION REQUEST</b>  <b>Louisa-Muscataine CSD</b> <b>14478 170th Street</b> <b>Letts IA 52754</b>	<b>INSTRUCTIONS</b> 1. Requests must be approved prior to each trip and sent to the Transportation Department. 2. A separate request form must be filled out for each trip. 3. Pink copy will be returned to office and gold copy to "Teacher in Charge".
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*Press hard using ink pen*

Date of Trip:	School:	Destination:
Departure Time From School:	Return Time To School:	Group:
Number of Riders: Including driver!	Teacher in Charge:	Date Submitted:
Comments: (include directions or special instructions)		
Principal's Approval:	Date Approved:	

***This section to be completed by Transportation Department***

Date Received:	Vehicle(s) Assigned:    Bus <input type="checkbox"/> Van <input type="checkbox"/> Car <input type="checkbox"/>
Comments:	
Approved By:	Date Approved:
White - Transportation    Yellow - Bus Driver    Pink - Office    Gold - Teacher in Charge	

#4aii



**TRIP CARD for Vans & Activity Bus**

Please fill out this report COMPLETELY for each activity trip that you make. Please place this card in drop box at Bus Barn.

Please  
print  
legibly!

<i>Date:</i>	<i>Activity:</i>
<i>Destination:</i>	<i>Departure Time:</i>
<i>Bus or Van No. :</i>	<i>Return Time:</i>
<i>Ending Odometer:</i>	<i>Total Time:</i>
<i>Beginning Odometer:</i>	
<i>Total Miles -</i>	

- Reminder to  
Van Drivers**
1. Fill out Yellow card.
  2. Clean out the van!
  3. Lock the van.
  4. Put key and card in drop box.

Driver's signature: \_\_\_\_\_

Supervisor's Initials - Please make sure all information is completed before approving \_\_\_\_\_

