

**DUPLIN COUNTY SCHOOLS
PRIOR APPROVAL FORM**

**Directions: Complete this form and return to the appropriate program director/administrator for approval.
Attach documentation to verify your request.**

Name: _____ **Social Security Number:** _____

Address: _____
Street City State

School: _____ **Job Assignment:** _____
Activity: _____

Description of activity and relevance to job responsibility _____

Type of activity: _____ **Time of activity:** _____

- 1) College or university course
 - 2) Local in-service courses or workshops
 - 3) Independent study
 - 4) Courses or workshops provided by other sponsors
 - 5) Others
- A. After school hours including teacher workdays, weekends, summers and time not on contract
 - B. Release time during normal working hours
 - C. Combination of after school hours and release time

Beginning date: _____ **Ending date** _____ **Primary Instructor:** _____

Sponsoring agency or company providing staff development: _____

Request:

A. Leave dates for activity will include: _____

B. Travel: YES NO Location: _____ Round trip mileage: _____

C. Subsistence: YES NO Breakfast # _____ Lunch # _____ Dinner # _____

D. Substitute: YES NO Total # of days: _____ 1/2 days _____ Full days _____

E. Registration: YES NO Fee: _____

F. Lodging: YES NO Number of nights: _____ Cost per nights: _____ (Circle) Single or Double Occupancy

G. Stipend: YES NO Amount: _____

H. Check Program Area:

<input type="checkbox"/> K-12 Curriculum	<input type="checkbox"/> Exceptional Children	<input type="checkbox"/> Career & Technical Ed.	<input type="checkbox"/> Technology	<input type="checkbox"/> Pre-K	<input type="checkbox"/> Health & PE
<input type="checkbox"/> Guidance	<input type="checkbox"/> Title I/Migrant/ESL	<input type="checkbox"/> Cultural Arts	<input type="checkbox"/> Title II	<input type="checkbox"/> Other	<input type="checkbox"/> Athletic

I. TOTAL COST: _____

Date of Request: _____ **Employee's Signature:** _____

***Supervisor's Signature:** _____ **Date:** _____

*(Supervisor's signature is required in this section as approval for employee to attend activities, however, does not guarantee payment for activity from school staff development funds).

RESPONSIBILITY FOR PAYMENT

SCHOOL/PROGRAM AREA/CENTRAL OFFICE

The principal/program director or Central Office must fill in the budget code and complete this area when responsible for payment.

School/Program Area: _____ **Source of Funds:** _____

Budget Code: _____ **Projected Cost:** _____

Circle Approved Expenses: TRAVEL, SUBSISTENCE, LODGING, SUBSTITUTE, REGISTRATION, TUITION, STIPEND, CDL RENEWAL

Principal's/Program Director's Signature: _____ **Date:** _____

FOR CENTRAL OFFICE USE ONLY

Staff Development Coordinator's Signature: _____ **Date:** _____