

Eastern Howard School Corp.

Request for Professional Development Offering

School: Subject of Training: _____

Date of Training: _____ Training By: _____

Trainee Stipend Per Hour: _____ Length of Training (Total Hrs): _____

Trainer Stipend Per Hour: _____ Estimated Number of Trainees: _____

Rationale of Training: Please explain in the box below the benefit this training will have to your staff.

Fund: _____ Estimated Total Cost:

Principal's Signature

Date

Authorized Signature

Date

Authorized Signature

Date

Approve Deny

Superintendent's Signature

Date