Kent ISD Career Readiness

Professional Development Reimbursement Request Form

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| **You MUST complete and submit**  **the information below before attending PD.** | | | | | |
| **Date of Request:** | | **Name of PD:** | | | |
| **Registrant’s Name:** | | | **District:** | | **Building/Grade Level:** |
| **Email:** | | | **Phone:** | | **Fax:** |
| **Location:** | | | | | **Date(s):** |
| **Below, please estimate the cost of your Substitute (up to $100).** | | | | | |
|  | **Substitute Teacher: $** | | | | |
| **Submit request to: Kristen Doneth,** [**kristendoneth@kentisd.org**](mailto:kristendoneth@kentisd.org) | | | | | |
| **For Kent ISD Internal Use:**  Request Approved Request Denied | | | | Date notice was sent to requesting staff person: | |
| **Approval Signature:** | | | | **Account #:** | |

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| **You MUST complete and submit the information below after attending PD.**  **Attach your district’s itemized invoice and substitute verification.** | |
| **Below, please list your actual Substitute cost (up to $100).** | |
|  | **Substitute Teacher Final Cost (verification attached): $** |
| **Submit final paperwork to:**  **Kristen Doneth, Kent ISD,** [**kristendoneth@kentisd.org**](mailto:kristendoneth@kentisd.org)  **DEADLINE FOR INVOICE SUBMISSION IS 30 DAYS AFTER PD IS COMPLETED, OR NO LATER THAN ­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.** | |

**Thank you.**