

STEVENSON-CARSON SCHOOL DISTRICT
PROFESSIONAL DEVELOPMENT REQUEST

A professional development fund equal to \$500 per FTE shall be established for tuition reimbursement or professional development every year of employment, for the cost of the National Board for Professional Teaching Standards certificate, college credits and/or clock hours, conference registrations, professional memberships and certification test with **Principal approval**. These opportunities should be arranged in advance, and paid via a purchase order, or will be reimbursed upon submission of proof of payment.

If professional development exceeds the \$500 limit, employee will be reimbursed once the pool is established within the limits of this agreement.

A pool of funds will be established on September 1st of each school year. Any funds under this section, which are not committed by November 30th (either submitted for reimbursement or notice provided to the district with intent to do so) shall be available to all certificated employees. If there are insufficient funds for all claims, the amount shall be pro-rated equally. The pool amount will be shared with members through school email address 5 business days after December 1st as notice to apply. Claims received after the December date will be fulfilled if there are available funds, and on a first-come, first-served basis. Total reimbursement for each employee shall not exceed \$2500 in the same school year. All funds must be claimed by August 31.

Courses not related to the bargaining unit member's area of teaching will not be pre-approved or counted toward the professional development fund. The Superintendent has the authority to accept or reject those courses which are not directly related to the bargaining unit member's assignment. Members may request advance authorization for courses for which they intend to seek reimbursement.

Final grade, certificate of completion or unofficial transcript and proof of payment must be included before being approved.

Staff member _____ Date submitted _____

Current assignment _____ School served _____

Course	Description	University/ College	Date Completed	Credit Hours/ Clock Hours	Passing Grade

Describe how this course fulfills the criteria listed above:

Staff signature _____ Date _____

Principal signature _____ Date _____

District Office Use

Course meets criteria: Y _____ N _____ Reimbursed amount: _____

Expense code: _____

Superintendent's signature: _____ Date: _____