



Hayfield Community Schools

9 Sixth Avenue SE, Hayfield, MN 55940

<http://www.hayfield.k12.mn.us>



Mission: *To provide a safe learning environment that prepares, challenges, and inspires students for life*

Staff Development Request

Check the site you are in:

_____ High School _____ Hayfield Elementary _____ Brownsdale Elementary _____ District

Date of Application: _____

Name: _____

Title of Professional Development Event: _____

Date of Professional Development Event: _____

Brief Description of Event:

How do you expect to improve your teaching and/or student learning as a result of this experience:

District Staff Development Goal:

This event contributes towards the achievement of the following goal(s) - Check all that apply:

- _____ 1. Students will meet/exceed district and state academic standards.
- _____ 2. Staff will support the curriculum cycle and initiatives.
- _____ 3. Students and staff will welcome and respect all individuals.
- _____ 4. Students and staff will learn and work in a safe and healthy environment.
- _____ 5. Staff development will support a high performing workforce.
- _____ 6. Staff will implement and incorporate the Baldrige Criteria for Performance Excellence (continuous improvement).

Check the type of Professional leave you are requesting:

- _____ Professional leave without expenditures
- _____ Professional leave using staff development monies
- _____ Professional leave using Special Ed monies
- _____ Professional leave using Title monies

Complete the back side of this request to show a breakdown of expenditures.

Estimated Expenditures/Costs:

TOTALS

Travel Expenses

_____ No vehicle expense

_____ No district vehicle available = .49 (as of 1/1/16) x _____ miles = \$ _____ \$ _____

Meals (receipts required when you fill out the reimbursement form)

Breakfast \$ _____ (\$8.00 maximum allowed by the district)

Lunch \$ _____ (\$12.50 maximum allowed by the district)

Dinner \$ _____ (\$18.00 maximum allowed by the district) \$ _____

Registration Fees

Should the office send in the registration fees? YES or NO

(If yes, attach all registration materials to this form) \$ _____

Lodging

Number of nights _____ x nightly rate _____

Name of the hotel _____

City _____ \$ _____

Cost of Substitute pay (estimate \$110.00/day) \$ _____

Stipends (for on-site training opportunities only) \$ _____

TOTAL ESTIMATED EXPENDITURES \$ _____

Site or District Staff Development Chair Signature / Date

Principal's Signature / Date

Superintendent's Signature / Date