



**West Central Education District**  
**903 State Rd.**  
**Sauk Centre, MN 56378**  
**320-352-6120**  
**Staff Development Request Form**

Name: \_\_\_\_\_ Assignment: \_\_\_\_\_ Bldg. \_\_\_\_\_

Name of Conference or Workshop: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_

Registration Fee: \_\_\_\_\_ Estimated Travel Expenses: \_\_\_\_\_

Briefly state how this request will have an impact on your daily assignment. (Professional/Personal Goals)

Requested by: \_\_\_\_\_ Date \_\_\_\_\_

Approved by: \_\_\_\_\_ Date \_\_\_\_\_

Attach your registration materials and a completed hand-payable Form or purchase order in order to facilitate registration.

Office use only:

Overnight \_\_\_\_\_ Sub needed \_\_\_\_\_

Approved: \_\_\_\_\_ Denied \_\_\_\_\_

YTD PD Expenses \_\_\_\_\_