

# PSE Staff Development Course Request

## A. Personal Information

Name: \_\_\_\_\_ Date: \_\_\_\_\_

School: \_\_\_\_\_ Position: \_\_\_\_\_

## B. Staff Development Course

Course Title: \_\_\_\_\_ Course Number: \_\_\_\_\_

Offered Through: \_\_\_\_\_ Date(s) of Course: \_\_\_\_\_

Location of Course (where being held?): \_\_\_\_\_

Presenter: \_\_\_\_\_ Cost/Fee: \_\_\_\_\_

## C. Other Fees/Expenses

(Please itemize expenses - Separate approval will be required for any items listed in this area)

(Reference: Article XII Section 12.1, Section 12.1.1 PSE 2007-2011 Contract)

\$ \_\_\_\_\_ For: \_\_\_\_\_

\$ \_\_\_\_\_ For: \_\_\_\_\_

\$ \_\_\_\_\_ For: \_\_\_\_\_

## D. How does this staff development pertain to your position with OHSD?

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## E. Please Attach:

1. Course registration verification form (filled out). In addition, always try to reserve a space in the class or workshop via phone because of the period needed for the course request process.
2. OHSD Employee's Claim for Expenses for (Purchase Order Request, Travel Request Form)

## F. Method of Payment - Please check the method of payment desired:

1. \_\_\_\_\_ Employee pays for class "upfront." Employee must submit verification of course completion. (Proof of attendance or transcripts verifying attendance) Employee will need to submit course/workshop expenses with receipt attached on the OHSD Employee's Claim for expenses form to the DO by the 10<sup>th</sup> of the month to receive reimbursement at the end of that month.
2. \_\_\_\_\_ OHSD Purchase Order. Must be requested a minimum of 30 days prior to event for processing. Purchase order number must be on the invoice.

## G. Signatures

Employee: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

**H. PLEASE SUBMIT FORM TO RAMONA FERGUSON BY INTEROFFICE MAIL ONLY.**

## I. Signatures

PSE President(s): \_\_\_\_\_ Date: \_\_\_\_\_

Director of Teaching and Learning: \_\_\_\_\_ Date: \_\_\_\_\_