

GREAT MEADOWS REGIONAL SCHOOL DISTRICT

Workshop/In-Service & Mileage Reimbursement Form

Must be completed & returned to the Building Principal or your supervisor the day following your workshop

EMPLOYEE NAME: _____ POSITION: _____

TITLE OF WORKSHOP: _____ DATE OF WORKSHOP: _____

Does this workshop meet the criteria for Professional Development Credit? YES NO

If "YES", # of credit hours: _____

*For this workshop or conference to count towards Professional Development credit, please attach a copy of the issued certificate along with this form and return it to the building Principal.

•Please keep copies for your Professional Development file.

•Complete this section only if requesting mileage reimbursement: Mileage (total both ways);

•Workshop rating: Excellent Good Fair Poor _____

*****INFORMATION GAINED: (please write a brief overview of what you learned)*****

Signature of Staff Member: _____ Date: _____

Signature of Building Principals: _____ Date: _____