

Great Meadows Regional School District

Workshop/In-Service & Mileage Reimbursement Form

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

Employee Name: Position:

Date of Workshop: Does this workshop meet the criteria for Professional Development Credit? yes no

Title of Workshop: If yes, number 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 the Building Principal.
- * Please keep copies for you Professional Development file.

Complete this section only if requesting mileage reimbursement:

Mileage (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 Principal:

Received on: