

**NURSE/PARAPROFESSIONAL STAFF DEVELOPMENT
HONEOYE FALLS-LIMA CENTRAL SCHOOL DISTRICT**

REQUEST FOR: _____ Conference
_____ Staff Development Activity (In-district)

FROM: _____
NAME _____ **DATE** _____
_____ **BUILDING** _____
POSITION _____

BRIEF DESCRIPTION OF ACTIVITY/COURSE TITLE: _____

_____ **INSTRUCTOR** _____ **LOCATION OF COURSE** _____
_____ **DATE(S) OF COURSE** _____ **TIME OF COURSE** _____

PRE-APPROVAL OF: _____
Building Principal _____ Date _____
Director of Finance _____ Date _____

COMPLETE IF REQUEST FOR REGISTRATION PAYMENT (PURCHASE ORDER OBTAINED FROM BUILDING SECRETARY, AND YOUR REGISTRATION FORM MUST ACCOMPANY THIS REQUEST)

Date(s) of Activity _____ Location _____
Length of Session _____
\$ _____ Registration Fee

COMPLETE WHEN COURSE COMPLETED AND REQUESTING PAYMENT

PAYMENT REQUESTED FOR _____ HOURS
EMPLOYEE SIGNATURE _____
INSTRUCTOR SIGNATURE _____

ALL REQUESTS FOR STAFF DEVELOPMENT MUST BE PRE-APPROVED BY THE BUILDING PRINCIPAL AND THE DIRECTOR OF FINANCE

ONCE PRE-APPROVAL HAS BEEN OBTAINED THE FORM WILL BE RETURNED TO THE NURSE/PARAPROFESSIONAL. WHEN THE COURSE HAS BEEN COMPLETED, FILL IN THE NUMBER OF HOURS FOR WHICH YOU ARE REQUESTING PAYMENT AND RETURN TO THE BUSINESS OFFICE.

YOU MAY PAY YOUR OWN REGISTRATION BY CHECK AND SUBMIT FOR REIMBURSEMENT AFTER THE COURSE IS COMPLETED. ATTACH A COPY OF YOUR REGISTRATION FORM AND YOUR CANCELED CHECK AND SEND BOTH TO THE BUSINESS OFFICE.

YOU MAY WANT TO MAKE A COPY FOR YOUR OWN FILE.

PLEASE DO NOT DETACH ANY PORTION OF THIS FORM