



Office use only. Date Received: _____
Date of P.D. Activity: _____

PPDF Request for Support Form

Request for Support must include:

- The Rationale** – Please fill out the rationale in the space provided. Make sure to include any PD attended within the past five years that has been supported by the PPDF. Also, indicate how you plan to share the information you received at your conference and with whom. As well, make sure to include how this PD pertains to your professional assignment, subject area, professional growth plan, your schools' plan or the divisional priorities.
- A Brochure or a copy of the registration**
- The 3 Part *Authorization for Substitute* form (if required) signed by the Principal**

*If no Sub is required please have Principal / Supervisor sign on the back of this form

****Please send (do not fax) application to the R.E.T.T.A. Office****

Name:	School:	Relevant Position/Subject:
Conference/Workshop Name:	Location:	Date(s):
Anticipated Costs		
Registration Fee	\$	
Number of Substitute days		
Daily Per Diem \$75.00	\$	
Accommodations	\$	
Airfare	\$	
Alternate Transportation (If not flying)	\$	

Support received from non-divisional source

Is support provided from other sources? Yes No (If yes, please indicate below)

Please indicate below expenses covered from other sources.

	Amount	Source
Registration Fee	\$	
Meals	\$	
Accommodations	\$	
Airfare	\$	
Alternate Transportation (If not flying)	\$	

Rationale

(Make sure to include any PD attended within the past five years that has been supported by the PPDF. Also, indicate how you plan to share the information you received at your conference and with whom. As well, make sure to include how this PD pertains to your professional assignment, subject area, professional growth plan, your schools' plan or the divisional priorities.)



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Reimbursement will be made upon receipt of original receipts to the RETTA Office.

Payment will be received by Direct Deposit through R.E.T.S.D. Payroll.



Teacher's Signature	Date:
* Principal / Supervisor (If no sub Required)	Date:

For P.P.D.F. Committee Use Only

Application Review and Decision

Approved Denied Incomplete Tabled

Up to \$1,850.00 Up to \$ 500.00

R.E.T.T.A. President _____

RETТА Office Use only:

Approval letter and Conference Report sent: _____

Request for reimbursement: _____