



**HANOVER PUBLIC SCHOOLS**  
**Professional Development/Course Reimbursement**  
**Approval and Absence Form**

Staff Member's Name: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

School Assignment: \_\_\_\_\_ Grade/Subject: \_\_\_\_\_

Company or Organization Sponsoring Activity: \_\_\_\_\_

Name of Course, Workshop, or Topic: \_\_\_\_\_

Location: \_\_\_\_\_ Date(s) of Activity: \_\_\_\_\_

**Specific Activity: (Attach backup)**

1. \_\_\_\_\_ Graduate Course
2. \_\_\_\_\_ Workshop, Conference or Seminar
3. \_\_\_\_\_ In House District Approved Project
4. \_\_\_\_\_ Other (Please explain) \_\_\_\_\_

Registration completed: Yes \_\_\_\_\_ No \_\_\_\_\_

Have you already paid? Yes \_\_\_\_\_ No \_\_\_\_\_

***Separate purchase orders must be produced for each payee. Purchase orders must be submitted 10 days prior to the event. Reimbursements will only be made after verification of attendance and proof of payment are provided.***

Total Cost of Activity: \$ \_\_\_\_\_

Purchase Order # \_\_\_\_\_

Substitute Teacher Needed? Yes \_\_\_\_\_ No \_\_\_\_\_ List Date(s): \_\_\_\_\_

**Staff Absence and Approval for Professional Development Activity**

Dates of Absence: \_\_\_\_\_

Building Administrator's Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Central Office Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Approved:  Paid  Unpaid

Not Approved

White – Personal File

Yellow – With Purchase Order

Pink – Employee Copy