



Fern Ridge School District 28J
Advance Request – Professional Development (Revised 8/20)

Name: _____ Date: _____

School: _____ Certified Classified Admin

If group application, list all applicants: _____

Title of Project & Type of Project (e.g. workshop, conference, convention, etc.):

Date(s) of Event: _____

Workshop/Conference/Presenter Fee \$ _____

Substitute/Extra Duty Cost (1/2 day = \$128, full day = \$256) \$ _____

Mileage (IRS rate \$0.575 per mile x _____ miles) \$ _____

Meals (only if not provided – maximum daily allowance is \$55.00) \$ _____

Lodging (____ nights x \$ _____ per night) \$ _____

If workshop occurs outside of normal contract days:

Loaded salary cost at the hourly rate as guided by Article 16(D)(2) of the FREA contract for licensed employees: (1/2 day = \$140, full day = \$280) \$ _____
(\$24.81 x 1.4106)

Loaded cost for classified extra hours: (Base hourly x 1.4106 = loaded rate) \$ _____
Classified Sub (Hourly Sub Rate x 1.4106= loaded rate)

TOTAL COST \$ _____

What account in the budget will be reimbursing this expense? _____

Title I Title II Title IV-A Bldg. Prof. Dev. Dist. Prof. Dev. Other Grants

How will this proposal support our district professional development purpose and guiding principles?

How could you share what you will learn with the rest of the staff?

Administrator: _____ Date: _____

Superintendent approval: _____ Date: _____