



**Fern Ridge School District 28J**  
**Advance Request – Professional Development (Rev. 8/21)**

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 \$0.56 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 = \$279) \$ \_\_\_\_\_  
(\$25.43 x 1.3673)

Loaded cost for classified extra hours: (Base hourly x 1.3673 =loaded rate) \$ \_\_\_\_\_  
Classified Sub (Hourly Sub Rate x 1.3673= loaded rate)

**TOTAL COST** \$ \_\_\_\_\_

What account in the budget will be reimbursing this expense? \_\_\_\_\_

Title I  Title II  Title IV-A  SIA  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?

FREA Facilitator: \_\_\_\_\_ Date: \_\_\_\_\_

Administrator: \_\_\_\_\_ Date: \_\_\_\_\_

Superintendent approval: \_\_\_\_\_ Date: \_\_\_\_\_