



Fern Ridge School District 28J
Advance Request – Professional Development (Rev. 12/22)

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 = \$131.25, full day = \$262.55) \$ _____

Mileage (IRS rate \$0.655 per mile x _____ miles) as of 12/29/22 \$ _____

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 = \$142, full day = \$284) \$ _____
($\$25.43 \times 1.3673$)

Loaded cost for classified extra hours: (Base hourly x 1.3345 = loaded rate) \$ _____
Classified Sub (Hourly Sub Rate x 1.2745 = loaded rate)

TOTAL COST \$ _____

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

☐ Title I ☐ Title II ☐ Title IV-A ☐ SIA ☐ Dist. Prof. Dev. ☐ Other Grants ☐ FREA PD Funds

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 Coordinator (needed if FREA PD funds box is checked): _____ Date: _____

Building Administrator: (not needed for FREA PD funds): _____ Date: _____

Superintendent approval: _____ Date: _____