

Pittsford Central School District
INDIVIDUAL INITIATIVE PROFESSIONAL DEVELOPMENT REQUEST

Name of individual requesting: _____ Building: _____

Date Submitted: _____

This form should be used to request that hours from an outside activity be counted toward the annual contractual requirement for professional learning. Please fill it out completely and submit it to your building principal prior to registering for an outside activity.

In order to count this activity toward your contractual requirement, it must:

- Take place outside your regular workday.
- Be aligned to your professional plan for the current year.

Name of course/outside activity: _____

Date of Event: _____

Time: From _____ a.m. /p.m. to _____ a.m./p.m.

Date of Event: _____

Time: From _____ a.m. /p.m. to _____ a.m./p.m.

Date of Event: _____

Time: From _____ a.m. /p.m. to _____ a.m./p.m.

Location: _____

Estimated Cost: _____

Total Number of PD hours requested: _____ (Not to exceed 12 hours per year for full-time staff)

Brief Description or URL/Link to information:

Rationale for attending:

(TO BE COMPLETED BY THE PRINCIPAL)

Approval Decision: Approved _____ Not Approved _____

Principal's Signature _____ Date: _____

Email approval needs to be sent as an attachment from principal to Cynthia_Craig@pittsford.monroe.edu

Revised 7/1/2021