

**Pre-approval of Workshop/Conference**

See page #9 for activities that are automatically accepted

**SUBMIT THIS FORM TO THE PROFESSIONAL DEVELOPMENT COMMITTEE  
AT LEAST SIX WEEKS PRIOR TO SCHEDULED PROGRAM**

Name \_\_\_\_\_ Building \_\_\_\_\_

Workshop/Conference Title \_\_\_\_\_

Presented/Sponsored by \_\_\_\_\_

Time and Location \_\_\_\_\_ PDU/CEUs Requested \_\_\_\_\_

Rationale of your selection of this workshop \_\_\_\_\_

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**Workshop/Conference Objectives**

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**Indicate how this workshop/conference supports your Individual Professional Development Plan.**

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**If the benefits of this workshop/conference can be shared with other staff or community members, please describe with who and how you will share.**

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**PLEASE KEEP A COPY of the WORKSHOP PROGRAM/AGENDA in YOUR OWN FILES.**

Employee's Signature \_\_\_\_\_ Date \_\_\_\_\_

**LPDC USE:**

Reviewed by \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_ PREAPPROVAL FOR PDUs    \_\_\_\_ PREAPPROVAL FOR CEUs    \_\_\_\_ NOT APPROVED

COMMENTS