



Office use only.
 Date Received: _____
 Date of P.D. Activity: _____

Personal Professional Development Fund Request for Support

Please send (**do not fax**) application to the **R.E.T.T.A. Office**

Request for Support must include!

- The Rationale** – Please submit your rationale on a separate page and include any PD attended within the past five years that has been supported by the PPDF. Also, indicate the format you anticipate using to share your experience. For example:
 - Workshop
 - Sharing material
 - Informal Group
 - Other

Note that you may be requested to write an article about the conference or one of its sessions for the RETTA Record.
- A Brochure or a copy of the in-service registration**
- The *Authorization for Substitute* form (if required) signed by the Principal**

Name:	School:	Position/Grade:
In-service/Workshop Name:	Location:	Date(s):
Shared accommodations would reduce your costs. Would you be willing to share accommodations with someone else going to the same PD? Yes No		
	Anticipated	Requested Support
Registration Fee	\$	\$
Substitute Costs	\$	\$
Meals (as per Policy GCID)	\$	\$
Accommodations (moderate rate)	\$	\$
Airfare	\$	\$
Ground Transportation	\$	\$

Is support requested from other sources: Yes No
 If yes, please indicate sources on reverse.

Teacher's Signature		Date:
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Requests received while the activity is in progress or after the activity has been held –
WILL NOT BE CONSIDERED

Requested Support from Other Sources

	Amount	Source
Registration Fee	\$	\$
Substitute Costs	\$	\$
Meals	\$	\$
Accommodations	\$	\$
Airfare	\$	\$
Ground Transportation	\$	\$

Payment will be made upon receipt of original receipts to the RETTA Office.
Reimbursement by Direct Deposit by R.E.T.S.D.

For P.P.D.F. Committee Use Only

Application Review and Decision

Approved Denied Incomplete Tabled

	Approved	Paid
Registration Fee	\$	\$
Substitute Costs	\$	\$
Meals	\$	\$
Accommodations	\$	\$
Airfare	\$	\$
Ground Transportation	\$	\$
Total Funding	\$	\$

R.E.T.T.A. President _____

RETТА Office Use only:

Approval letter and Conference Report sent: _____

Request for reimbursement: _____