

**MID-STATE SPECIAL EDUCATION**  
PO Box 46, 202 Prairie ~ Morrisonville, IL 62546  
Phone: (217) 526-8121 ~ Fax: (217) 526-8205  
[www.midstatespec.org](http://www.midstatespec.org)

**Professional Development Request**

Name of Applicant: \_\_\_\_\_

Professional Development: \_\_\_\_\_

Date: \_\_\_\_\_ Location: \_\_\_\_\_

**Please attach registration form.**

Purpose: (please indicate general purpose of meeting and your particular reasons for attending)

\_\_\_\_\_  
\_\_\_\_\_

Record of Attendance: (please indicate the name, location, and approximate date of the last professional development activity you attended)

\_\_\_\_\_  
\_\_\_\_\_

**Estimated Expenses:**

Registration Fee: \$ \_\_\_\_\_ Mileage: \$ \_\_\_\_\_ Meals: \$ \_\_\_\_\_ Lodging: \$ \_\_\_\_\_

**Request for reimbursement must be submitted on the personnel reimbursement form after attendance.**

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_

**Approval Section:**

Director's Signature (MSSE Central staff): \_\_\_\_\_ Date: \_\_\_\_\_

**Expenses Allowed:** Registration Fee: \_\_\_\_\_ Mileage: \_\_\_\_\_ Meals: \_\_\_\_\_

Lodging: \_\_\_\_\_ Substitute: \_\_\_\_\_ Stipend: \_\_\_\_\_