

**Middlesex County Magnet Schools
Online Virtual Professional Development Request**

Date _____

Employee _____

Employee Title _____

Program Name _____

Program Cost* \$ _____

Training needed for:

- Certification required for employment
- Continuing education requirements
- Requirement for federal or state law
- Related to current program or soon to be implemented program
- Related to school district operations

Funding Source Federal Grant State Grant Local District Funds

Request Source: Required by Supervisor/Administration
(Check only one) Requesting contractual professional development stipend

Key areas to be addressed: _____

Supervisor Justification: _____

Principal's Signature _____

Administrator's Signature _____
(if necessary)

Business Office Approval _____

Superintendent Approval _____

*Documentation of cost must be attached with your request.