



Office Use Only
Approved: _____
Supervisor: _____
Funds: _____
Order # _____
Conf Sent: _____

Classified Professional Development Request

Today's Date: _____

Name: _____

School / Department: _____ Job Title: _____

Email: _____ Wk Ph#: _____ Hm Ph# _____

Course: _____ Cost: _____
Event #: _____ Date(s): _____ Time: _____
Location: _____

How will this course be helpful to you in our current job? _____

- I am requesting payment for this course from classified professional development funds (not to exceed \$300).
- * I am requesting a Classified Professional Development Day (CPDD), as this course is offered during regular contract time (full-time employees only).

Office Use Only:		
CPIC Approved:	YES	NO
CPIC Funds Approved:	YES	NO
CPDD Approved:	YES	NO

Applicant Signature

Principal / Dept. Supervisor Signature

CPIC Administrator / Designee Signature

- √ Please submit the approval form no less than two (2) weeks before the date the course begins. A course **must have prior approval** to qualify for use of classified professional development funds.
- √ If you register for a course that is paid by district funds and you do not attend, you will be required to reimburse Jordan School District Classified Professional Development for all registration fees.
- √ * If a course is taken during the regular contract day, you must request a Classified Professional Development Day, with your immediate supervisor's approval.
- √ Return this form with course brochure / information to:

Classified Professional Development
Teaching and Learning Dept
Jordan School District
7905 S Redwood Rd Entrance D
West Jordan UT 84088