2018-2019 Professional Development Request (formerly Teacher Quality - TQ funds request)
Additional Hours Beyond Contract

Name: ___________________________________ School(s): __________

**STEP 1: PROFESSIONAL DEVELOPMENT APPROVAL REQUEST**

Check either Building or Individual:

**Building Principal Section** for Work Aligned to the Individual Professional Development Plan (IPDP), Attendance Center Plan (ACP), or District Strategic Action Plan:

___ This request for Professional Development funds is directly related to an IPDP, ACP, or District Strategic Action Plan. ALL teachers are eligible and funded from this budget including what was formerly referred to as “district” level teachers like art, XLP, etc. Principals will collaborate to ensure that all teachers have opportunities to access these funds through a rotational system. These costs could include sub teacher/FICA/IPERS costs, registration fees, travel, hourly creative rate for curriculum creation, standard rate for workshop attendance, materials needed for study, etc. All expenses must be paid out by MCSD no later than June 30th.

**Individual Teacher Section** for Work Aligned to the Individual Professional Development Plan (IPDP), Attendance Center Plan (ACP), or District Strategic Action Plan:

___ This request for Professional Development funds is directly related to an IPDP, ACP, or District Strategic Action Plan. This request cannot exceed 12 hours at the creative rate per teacher. These 12 hours can include enrollment in MCSD online academy courses AND/OR traditional IPDP work done in a group or individually. Both types of individual teacher requests require principal approval. All online course completion acknowledgements and/or IPDP group/individual request for payment forms MUST be completed and turned in to the building principal no later than June 1st. The actual IPDPs must be completed by May 15th.

Signatures if Approved: (If more than one building is involved, only one principal needs to sign, but all principals involved should know.)

Administrator ____________________________ Teacher ____________________________

Signature Date Signature Date

**APPEAL PROCESS** (To be completed by building Principal)

Please provide a brief description if this request was denied:

Signatures if Denied: (If more than one building is involved, only one principal needs to sign.)

Administrator ____________________________ Teacher ____________________________

Signature Date Signature Date

Teachers: Please contact your building TQ Representative if you would like to appeal this decision to the TQ Committee

**STEP 2: TEACHER QUALITY PROFESSIONAL DEVELOPMENT REQUEST FOR PAYMENT**

I completed the approved project on this date ____________ and request payment for _______ hours at my creative rate. 

Signatures: Teacher ____________________________ Administrator ____________________________

**STEP 3: COMPLETED BY BUILDING ADMINISTRATOR**

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<thead>
<tr>
<th>Type of Request:</th>
<th>Creative Rate per Hour:</th>
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<tr>
<td>Building (044)</td>
<td>Hours Completed:</td>
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<tr>
<td>Individual</td>
<td>Actual Dollars Encumbered:</td>
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Payment Code: ____________________________ 09.21.18