



PINNACLE COLLEGE

PD REQUEST FORM

This form must be completed to obtain permission to attend professional development sessions.

1. Staff Name: _____ Date: ____ / ____ / ____
PD Date(s): ____ / ____ / ____ to ____ / ____ / ____
PD Time: From: _____ to _____ Time leaving school : _____ Time back at school: _____
PD Cost: \$ _____ Grant Applicable? Yes No
Description and Purpose of PD: _____

PD Address: _____

Please Note: 1. Sufficient time (at least 2 weeks) prior to PD date must be given for the request to be finalised.
2. A "PD Feedback Form" must be filled in and submitted to the Curriculum Coordinator.
3. You may be required to prepare a PD feedback presentation to the other staff members.

Checklist: Activities/resources for replacement teacher provided? N/A (no cover is required)

2. Coordinator: Name: _____
 Approved Not approved
Reason for non-approval: _____
Date: ____ / ____ / ____ Initials: _____

3. Daily Organiser: Name: _____
 Approved. Not approved
Reason for non-approval: _____
Date: ____ / ____ / ____ Initials: _____

4. Principal: Name: _____
 Approved Not approved Date: ____ / ____ / ____
Reason for non-approval: _____
Date: ____ / ____ / ____ Initials: _____

5. Office Manager Company: _____ Tel: _____
Contact: _____ Total Cost: _____
 Item(s) ordered? Order Date: ____ / ____ / ____
BURC Order Number: Delivery Date: ____ / ____ / ____