

Request to Carryover Funds

This serves as notification to the District of your intent to use Professional Development funds from courses that are in a bundle/package/block that crossover between school years.

Name (please print):	
Location of Assignment:	

Professional Development Information	
Name of Course you intend to take for Professional Development:	
College/University or Provider:	
Anticipated Start Date of Program:	
Anticipated End Date of Program:	
Requesting funds from: (Current school year)	
Requesting to carry funds over to: (Next school year)	
Anticipated Cost:	\$
Number of Credits/CECH:	

I certify that:	<ol style="list-style-type: none"> 1. I am submitting this form as a notification to the district of my request to seek professional development as a bundle/package/block. 2. To qualify for carryover funds, I must submit this form to Human Resources by August 31st each year and be enrolled in a program where courses crossover school years. Funds can only be carried over for one fiscal year. 3. I must submit a Professional Development Reimbursement form after successful completion of the class(es) and/or workshop(s) or conference(s), along with proof of payment/receipt for course(s) taken or registration or clock hour fee(s) paid, and transcript or grade report(s), if applicable.
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Employee Signature:		Date:	
Human Resources Approval:		Date:	

<i>Office Use Only</i>	
FUNDS AVAILABLE	\$ _____
Prior Year:	20____ - 20____
Current Year:	20____ - 20____
Sub Total:	\$ _____
Less Request:	\$ _____

