



# Castaic Union School District CSEA Staff Development Request

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Job Title: \_\_\_\_\_ Site: \_\_\_\_\_

Type of Professional Development:

- Class
- Seminar
- Workshop
- Conference

Title: \_\_\_\_\_

- Location: \_\_\_\_\_
- Dates: \_\_\_\_\_
- Registration cost: \_\_\_\_\_ Mileage: \_\_\_\_\_
- Other costs: \_\_\_\_\_
- Total Estimated Costs: \_\_\_\_\_

How will this help you in the performance of your daily duties?

\_\_\_\_\_  
\_\_\_\_\_

Will a substitute be needed?  Yes  No

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

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(CSEA and District Use)

CSEA Committee approval:  Yes  No (reason for denial) \_\_\_\_\_

CSEA President Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Committee Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Funding Source: \_\_\_\_\_

District Signature: \_\_\_\_\_

Please submit request form to Chapter President at least two weeks prior to the program start date