

Educational Support Professional Development Request

Office Use Only	
ESPDC App:	_____
Supervisor:	_____
Funds:	_____
Confirmation	
Sent:	_____
Funds Sent:	_____

Today's Date _____

Name: _____

School/Department: _____ Position Title: _____

Email: _____ Wk#: _____ Hm/Cell#: _____

Response will be sent to email listed above.

Course: _____ Cost: _____

Date(s): _____ Time: _____ Location: _____

How this course will help in my current position: _____

*Attached is the course information/brochure to be approved by the Educational Support Professional Development Committee.

Applicant Signature: _____

Principal/Dept Supervisor Signature: _____

No school funds are available

Partial funds are available \$_____ School Funds or Budget code - 10 _____ 569

ESPDC Administrator/Designee Signature: _____

ESPDC Approved: Yes No Explanation, if denied: _____

*Approved funds are direct deposited.

A course must have prior approval of the ESPDC to qualify for use of professional development funds.

If you are registered for a course that is paid for by development funds, and you do not attend, you will be required to reimburse Canyons School District for all registration fees.

Return this form with attached course information to:

Human Resources
Attn: Ken Anderson
9361 South 300 East
Sandy, UT 84070

Questions? Please call Ken Anderson at 801.826.5452