



**MONMOUTH COUNTY VOCATIONAL SCHOOL DISTRICT
Freehold, New Jersey**

Professional Improvement Request Form

NAME: _____ **SUBJECT:** _____

SCHOOL: _____ **DATE:** _____

Professional Development Standard/s # _____ **Professional Development Hours** _____

List Specific Activity:

<u>Title</u>	<u>Sponsor & Activity</u>	<u>Cost *</u> \$	<u>Date of Activity</u>
_____	_____	_____	_____
_____	_____	_____	_____

Attach appropriate literature if applicable

PLEASE CHECK ONE:

_____ **CFG** _____ **LPDC** _____ **SPDC** _____ **MENTOR** _____ **OTHER**

Approved _____ **Principal/Director** _____

Not Approved _____ **Date** _____

Applies to the PIP

Approved _____ **Assistant Superintendent** _____

Not Approved _____ **Date** _____

**All Professional Improvement requests must be approved at least ten working days in advance
*Reimbursement will be provided at the end of the school year only if proof of payment is submitted**