

**LSHS BUILDING LEVEL 1% MONEY
BUDGET PROPOSAL**

Date of Request: _____ Name: _____

This form must accompany each 1% money request. Please complete an individual form to submit with your PMR and a copy of the conference brochure and registration.

Estimated Budget (complete those which apply):	1% Money Requested	*Other Funding Source(s)
<u>Workshop Registration</u> (# _____ @ \$ _____)	\$ _____	\$ _____
<u>Travel-</u>		
• Mileage- @ \$.625 per mile (# _____)	\$ _____	\$ _____
• Lodging- (# attending ____ / ____ # rooms)	\$ _____	\$ _____
• Meals- (<i>Refer to Out of District Travel Request, Approval, and Reimbursement Procedures</i>)	\$ _____	\$ _____
• Airfare- (contact Business Services on ext. 61081)	\$ _____	\$ _____
• Other: _____	\$ _____	\$ _____
<i>(Note: Substitute costs are not covered by 1%. Use sub code 35 for 1% PD absences)</i>		
TOTAL 1% MONEY REQUESTED <i>(Maximum of \$1500.00 from 1% Funds)</i>		\$ _____
TOTAL FUNDS FROM OTHER SOURCES		\$ _____

*Other Funding Source(s): _____
(personal funds, Title II, Departmental Funds, Building Funds/JF, Title I, Title IV, Perkins, etc.)

(Note – you must list an alternate funding source for any expenses not covered by 1% funds.)

TOTAL COST FOR THIS PROPOSAL
(Add 1% & Other Sources for this total) \$ _____

**LSHS BUILDING LEVEL 1% MONEY
REQUEST FORM**

*One percent professional development monies should be committed to **long term, job-embedded** activities which impact **student achievement** as determined by **measurable outcomes**.*

(Missouri Professional Development Guidelines for Student Success Sec. III, #3)

Building Name: Lee's Summit High School

Each individual must submit a request form.

Date of Request: _____ **Name:** _____

Other Staff Involved: _____

Activity: _____

Date(s): _____

Appropriate forum that I will report back to about conference (*faculty, dept. mtg. collaboration, etc.- State mandated requirement*)

Building School Improvement Goals

- *LSHS will ensure student growth and achievement through access to quality personalized educational opportunities.*
- *LSHS will foster a responsive, inclusive, safe and caring student environment.*
- *LSHS will ensure a commitment to student safety.*

How will this professional development activity help you support our Building School Improvement Goal(s)?

How does this professional development impact student achievement? How is this measurable?

Applicant Signature

PDC Building Representative Signature

Date Approved

***1% requests are reviewed and approved by the Committee. Submit this form with a copy of your conference agenda or brochure and completed/signed Travel Request form to Mary Kinman at least 6 weeks prior to the event. You will be notified via email once any funds have been approved.**