

## Professional Development Benefit Request Dalat International School

Date of Request \_\_\_\_\_

Employee Name \_\_\_\_\_

Position \_\_\_\_\_ Dates of Current Contract \_\_\_\_\_

Course Prefix and Number	Course/Seminar Title(s)	Date Begins	Date Ends	Cost
				\$
				\$

**Course Materials/Books etc.** \$ \_\_\_\_\_

**Travel Expenses**

Transportation \$ \_\_\_\_\_

Accommodations \$ \_\_\_\_\_

Meals \$ \_\_\_\_\_

**TOTAL COST** \$ \_\_\_\_\_

**Educational Institution/Provider** \_\_\_\_\_

**Amount Requested** \$ \_\_\_\_\_

**Motivation for taking the course(s)**

**I have read and agree to the stated benefit conditions.**

\_\_\_\_\_  
Employee's Signature Date

Benefit amount \$ \_\_\_\_\_ Date(s) needed \_\_\_\_\_

\_\_\_\_\_  
Supervisor's Approval Date Administrator's Approval Date