



**OCIC**  
 207 East Main  
 Hominy, OK 74035-1511  
 Ph: 918-885-2667 Fax: 918-885-6742  
 www.ocic.k12.ok.us



## Professional Development Request Form

- Steps: **1. Form must be filled out completely.**  
**2. Attach a copy of all documentation regarding workshop (flyer, registration, etc).**  
**3. Submit to OCIC via fax, mail, or email 10 days prior to the deadline!**  
**4. Please submit only one form per person.**

DATE SUBMITTED: \_\_\_\_\_ PRINCIPAL SIGNATURE: \_\_\_\_\_  
 NAME: \_\_\_\_\_ POSITION:  ADMIN.  STAFF  PARA.  TEACHER  
 SCHOOL DISTRICT: \_\_\_\_\_ GRADE: \_\_\_\_\_ SUBJECT: \_\_\_\_\_  
 E-MAIL ADDRESS: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_  
 HOME ADDRESS: \_\_\_\_\_ (CITY/STATE/ZIP): \_\_\_\_\_  
 TITLE of WORKSHOP: \_\_\_\_\_  
 WORKSHOP LOCATION: \_\_\_\_\_ REGISTRATION DEADLINE: \_\_\_\_\_  
 WORKSHOP DATES: \_\_\_\_\_  
 DATES OF TRAVEL: DATE of DEPARTURE: \_\_\_\_\_ DATE of RETURN: \_\_\_\_\_

REQUESTED EXPENSE(S)	YES	NO	INDICATE ESTIMATED or ACTUAL AMOUNT	<i>Must have receipts and forms for reimbursements submitted within 30 days of the event.</i>
CONFERENCE REGISTRATION (Attach Information)				Attach a copy of ALL documentation regarding workshop (flyer, registration, etc). <input type="checkbox"/> ALREADY REGISTERED <input type="checkbox"/> OCIC TO REGISTER ME
MILEAGE (Current IRS Rate)				Carpooling is required if 2 or more staff attend. Passengers: _____
PARKING/TOLLS/TAXI/ BUS/RENTAL CAR				
LODGING				Please indicate lodging preference or one will be chosen for you. (GSA Rate Only) # of Nights: _____ <input type="checkbox"/> RESERVATIONS MADE Lodging with: _____
MEALS				Meals will be considered for reimbursement for overnight stay and at the GSA rate. <b>ITEMIZED</b> meal receipt must be attached.
AIRFARE				
SUBSTITUTE				
TUITION COLLEGE CREDIT				
OTHER				

Are other staff members requesting to attend this event?  YES  NO  DON'T KNOW

LIST NAMES (if known): \_\_\_\_\_

NOTE: Carpooling and sharing of lodging (2 per room, if possible) are encouraged.

For OCIC Office Use Only

\_\_\_\_ MEMBER DISTRICT EMPLOYEES    \_\_\_\_ OCIC EMPLOYEES

1. PROJECT DIRECTOR: \_\_\_\_\_  
 2. PROF. DEV. COORD.: \_\_\_\_\_  
 3. OCIC ADMINISTRATOR: \_\_\_\_\_  
 Date Received: \_\_\_\_\_  
 Notification: \_\_\_\_\_

IIA \_\_\_\_\_  
 IID \_\_\_\_\_  
 IV \_\_\_\_\_  
 GENERAL \_\_\_\_\_  
 IDEA \_\_\_\_\_  
 LIFE \_\_\_\_\_  
 SMASH \_\_\_\_\_  
 WOHALI \_\_\_\_\_  
 OPAT \_\_\_\_\_