



Pecos-Barstow-Toyah ISD

1302 S Park ~ PO Box 869
Pecos Texas 79772
432/447-7201 Office
432/447-3076 Fax

Staff Development Request

(Approval for comp time must be granted prior to attending staff development.)

(Workshop information must be attached to request.)

(Workshop certificate must be submitted to administrator to receive credit.)

Date _____

Employee Name _____

Campus/Department _____

Name of Meeting _____

Location of Meeting _____

Date/Time Meeting Begins _____

Date/Time Meeting Ends _____

How will this staff development enhance your skills used to perform your job responsibilities?

I will /will not be compensated or receive a stipend for this staff development.

Employee Signature _____

Approved () Denied () Administrator Signature _____ Date _____

Approved () Denied () Curriculum Director Signature _____ Date _____