



**Independent School District #721  
New Prague Area Schools**

**PARAPROFESSIONAL CONTINUING EDUCATION  
PRE-APPROVAL REQUEST**

This form is for paraprofessionals seeking approval for continuing education classes or workshops per contract language.

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Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Assignment: \_\_\_\_\_ Building: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Name of Training You Want To Take: \_\_\_\_\_  
(1 form per training please)

Institution / Organization Offering Training: \_\_\_\_\_ Location/City of Training: \_\_\_\_\_

Date of Session: \_\_\_\_\_ Time of Session: \_\_\_\_\_ a.m. OR p.m.

Workshop Fee: \_\_\_\_\_ (attach workshop flyer)

Please explain why you think this training is relevant to your position with ISD 721.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employee Signature: \_\_\_\_\_

Please complete this form and get pre-approval from your Supervisor. Once the workshop is completed, please resubmit this form to your supervisor for final approval. Attach evidence that you have successfully completed the course along with receipt of payment for reimbursement.

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Pre-Approval

\_\_\_ Approved \_\_\_ Not Approved

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Final Approval Signature

\_\_\_ Approved

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Account Code: 01-005-640-308-308-366

Once final approval is completed, please submit to Human Resource for processing.

Human Resource Processed

\_\_\_ Processed

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Finance Director: \_\_\_\_\_ Date: \_\_\_\_\_

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Forms for all continuing education courses dated July 1 – June 30, must be submitted by June 30 for payment in the correct fiscal year. Failure to do so may result in reimbursement being denied.