

Orchard Middle School
Learning Improvement Team (LIT)
Request for Funds

☐ *approved*
☐ *denied*
☐ *tabled*

Name(s): _____ Date: _____

Criterion for Allocation

- The application meets one or more of the identified uses (i.e., training, release time).
- The application aligns with district and building goals.
- The action plan includes a clear purpose and follow through/implementation.

Uses: *(check one or more)*

- ☐ release time
☐ training
☐ paid time
☐ supplies/materials/equipment

Costs: *(for budget planning)*

Full Day sub: \$145.00
½ Day sub: \$81.20
Certificated Rate \$30.21/hr.

Action Plan:

Budget: _____

Purpose: _____

Implementation Plan: _____

The Action Plan will be completed by (date): _____

For Office Use:

Meeting date: _____ ***Funding source:*** _____ ***PO date:*** _____ ***PO#:*** _____