

REQUEST TO ATTEND PROFESSIONAL OR EDUCATIONAL MEETING

MUST BE SUBMITTED PRIOR TO INCURRING ANY EXPENSE. PLAN AHEAD!

Please Print or Type:

Name _____ Building _____

Date(s) attending _____

Days absent from district assignment: From _____ thru _____

Check one: Certificated ESP
Check one: Instructional Special Services Support Administration

EXACT TITLE of conference or meeting _____

City _____ State _____ Sponsoring Organization _____

_____ (Attach a copy of program and/or agenda)

Please respond to the following questions on a separate sheet of paper and attach:

1. What knowledge, skill or understanding(s) will attendance at this session address?

2. How will attendance at the session be used to improve student learning?

3. How will you share what you learned at the session with others in the district?

Check box if NO expenses will be incurred as a result of your attendance at this meeting.
 Check box if a substitute teacher will be necessary. Number of days substitute will be needed _____

Amount of district-paid expenses requested:

\$ _____ registration \$ _____ travel (mode _____)

\$ _____ meals \$ _____ tips, cabs, etc.
(days X \$50 maximum)

\$ _____ lodging \$ _____ misc. (_____)

TOTAL EXPENSES \$ _____

I have endeavored to secure the lowest possible rates for travel-related expenses and agree to separate district and personal expenses. I understand accepting this assignment commits me to share information and/or skills gained with other district employees.

Signature _____

Supervisor's Signature _____

Budget Code for district expenses _____

To Be Completed by Superintendent or Designee		
APPROVED _____	REQUIRED _____	DENIED _____
A. Full Reimbursement _____		Leave may be applicable under _____
B. Reimbursement limited to _____		_____
(Enter leave in Skyward)		

Attach copy of this approval form to the Request for Reimbursement form following travel.