

REQUEST TO ATTEND MEETINGS, WORKSHOPS, OR CONFERENCES FORM

This form is used for attendance at any out of building meeting, workshop, or conference including online events.

ALL REQUESTS NEED TO BE SUBMITTED AT LEAST THREE WEEKS PRIOR TO THE DATE OF THE ACTIVITY.

Complete this form and submit it to your building principal/supervisor.

You are responsible for registration **after** this form has been approved.

Failure to submit this form prior to the date of activity may result in expenses not being reimbursed.

STEP 1: COMPLETED BY ATTENDEE	Name: _____ Date of Request: ____/____/____ School: _____ Assignment: _____ Title of Meeting, Workshop, or Conference : _____ <small style="text-align: center;">(Attach a brochure or agenda for the event if available.)</small> Location: _____ Date of Event: ____/____/____ No. of work days involved: _____ Substitute Needed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: <input type="checkbox"/> Full Day <input type="checkbox"/> Half Day AM <input type="checkbox"/> Half Day PM Name of Pre-arranged Substitute(if Applicable): <input type="checkbox"/> Custom _____ _____ <small>(If you travel to more than one building, please indicate where your substitute should report and provide specific hours.)</small>
STEP 2: COMPLETED BY ATTENDEE	Estimated Cost to District: Registration \$ _____ Substitute cost \$ _____ Mileage \$ _____ Meals \$ _____ Lodging \$ _____ Other \$ _____ Estimated total cost: \$ _____ <div style="float: right; margin-top: 10px;"> <ul style="list-style-type: none"> ➤ This form should not be submitted for payment. ➤ Submit a "Request for Reimbursement" form AFTER attending. ➤ Itemized receipts for all expenses are required. </div>
STEP 3: COMPLETED BY BUILDING ADMINISTRATOR	Recommended for approval: <input type="checkbox"/> Yes <input type="checkbox"/> No Reason if not approved: _____ <div style="text-align: right; margin-top: 20px;"> Signed: _____ <small>(Building Principal/Supervisor)</small> </div>
STEP 4: COMPLETED BY DISTRICT ADMINISTRATOR	<p style="text-align: center;"><u>ACCOUNT TO BE CHARGED FOR DAYS USED:</u></p> <input type="checkbox"/> Building _____ <input type="checkbox"/> District _____ <input type="checkbox"/> Grant _____ <input type="checkbox"/> Request approved with full expenses <input type="checkbox"/> Request approved with partial expenses (listed): _____ <input type="checkbox"/> Reason if denied _____ <div style="text-align: right; margin-top: 20px;"> Signed: _____ <small>(District Administrator)</small> </div>

*******SUBMIT THIS FORM TO THE ABSENCE MANAGEMENT COORDINATOR WHEN COMPLETED*******

ATTACH A COPY OF THIS FORM TO ANY/ALL SUBSEQUENT PAPERWORK.