

# *Rhea County Department of Education*



## **Request for Attendance at Professional Conference/ Workshop**

Employee: \_\_\_\_\_ Date: \_\_\_\_\_

School: \_\_\_\_\_ Grade/Department: \_\_\_\_\_

Substitute Required: Yes No      Number of Days Substitute Needed: \_\_\_\_\_

Date(s) of Conference/ Workshop: \_\_\_\_\_ Cost: \_\_\_\_\_

Title: \_\_\_\_\_

Brief Description of conference (Attach brochure or any vendor name, address or phone/fax number):

### ***PRINCIPAL USE ONLY:***

APPROVED: \_\_\_\_\_ DISAPPROVED: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

### ***CENTRAL OFFICE USE:***

Funds Available: YES NO      Account Number \_\_\_\_\_

Director Of Professional Development : \_\_\_\_\_

Director of Federal Programs: \_\_\_\_\_

Director of Schools: \_\_\_\_\_

PO Number: \_\_\_\_\_