



Request for Attendance at Professional Conference/ Workshop

Employee: _____ Date: _____

School: _____ Grade/Department: _____

Substitute Required: Yes No Number of Days Substitute Needed: _____

Title of Event: _____

Date(s): _____ Registration Fee: _____

Location _____

Check all that apply. This PD will require :

Lodging _____ Per Diem (food) _____ Mileage (gas) _____

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

By submitting this request, I understand that I may be asked to disseminate the information in a future small group professional development session.

PRINCIPAL USE :

APPROVED: YES NO Signature _____

CENTRAL OFFICE USE:

Substitute Account _____ Travel Account _____

Professional Development Coordinator: _____

Program Director: _____

Director of Schools: _____