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Request to Attend Professional Development Conference

(Must be submitted at least two weeks prior to the Superintendent for approval due to budget consideration. Please attach the completed registration or agenda to this form.)

Employee Name: _____

Professional Conference Title: _____

Presenter(s): _____

Location: _____ Date(s): _____ AM PM All Day

Departure Date and time: _____

Cost of Conference – Registration: _____

Hotel: _____ Meals: _____

Mileage: Mileage reimbursement for personal vehicle per Policy

Knowledge and/or skills I hope to acquire that will be changed/enhanced so student learning improves:

 Staff Member's Signature

 Date

 Principal's Signature

 Date

 Superintendent's Signature

 Date

Below is to be filled out by the Superintendent

APPROVED DENIED

Budget Code: _____