

# CONFERENCE/WORKSHOP REQUEST

(INTENT FORM MUST ACCOMPANY THIS REQUEST-SEE REVERSE SIDE OF THIS FORM)

**SUBMIT THIS FORM IN DUPLICATE**

**\*NOTE – This form is for APPROVAL ONLY:**

SCHOOL DISTRICT OF: \_\_\_\_\_  
DATE: \_\_\_\_\_

**YOU MUST SUBMIT A SEPARATE REIMBURSEMENT FORM WITH RECEIPTS AFTER ATTENDANCE**

NAME: \_\_\_\_\_ SCHOOL: \_\_\_\_\_ POSITION/SUBJ.AREA/GRADE \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_  
STREET/P.O.BOX TOWN ST ZIP CODE

Name of Conference/Workshop: \_\_\_\_\_

Describe it: \_\_\_\_\_

**When** does this take place? From: \_\_\_\_\_ to \_\_\_\_\_  
Month/Day/Year Month/Day/Year

**Time** of Workshop/Conference: \_\_\_\_\_

**Where** does this take place? \_\_\_\_\_

Are you an official delegate or speaker? \_\_\_\_\_ If not, what will be your role? \_\_\_\_\_

What goal does this address in your Staff Development Plan or area of teaching? \_\_\_\_\_

The funding requested is from: \_\_\_\_\_ Title 1 \_\_\_\_\_ Title 11 \_\_\_\_\_ IDEIA \_\_\_\_\_ District  
\_\_\_\_\_ Other (please specify) \_\_\_\_\_

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Conference/Workshop (Registration Fee) COST: \_\_\_\_\_

Approx. Mileage \_\_\_\_\_ (Actual Mileage must be taken at time of conference) COST: \_\_\_\_\_

Meals/Lodging per day: \_\_\_\_\_ No. of days: \_\_\_\_\_ COST: \_\_\_\_\_

Maximum requested COST: \_\_\_\_\_

**NOTE: NO REIMBURSEMENT WILL BE ISSUED UNLESS:**

- (1) Copies of paid vendor's itemized receipts for meals/hotel/ misc. are attached to the white "Request for Reimbursement" form (#22).
- (2) This form (#21) is signed by the Superintendent or Assistant Superintendent PRIOR TO the conference or workshop.

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\_\_\_\_\_  
**Employee's Signature** Date

Principal's Recommended Amount: \_\_\_\_\_

Reason(s): \_\_\_\_\_

\_\_\_\_\_  
Dept. Head Initials, if Applicable. Date

\_\_\_\_\_  
**Principal's Signature** Date

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APPROVED BY: \_\_\_\_\_  
**Superintendent/Assistant Superintendent**

\_\_\_\_\_  
**Date**

## **School Administrative Unit #9**

### **Intent Form**

**This form must be attached to CONFERENCE/WORKSHOP REQUEST (#21) or REQUEST FOR APPROVAL OF COURSE CREDIT REIMBURSEMENT (#23) forms to receive approval.**

Name: \_\_\_\_\_

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

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

Date(s): \_\_\_\_\_

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

Date(s): \_\_\_\_\_

Credit Course Title: \_\_\_\_\_

Date(s): \_\_\_\_\_

Explain briefly how this conference/workshop/credit course will impact the achievement of your students.

Explain how you plan to share information from this professional development activity. Specify the team(s), individual(s), and/or group(s) of interest and time frame you believe will work.