

- 1) Submit this form two weeks in advance
- 2) Return THREE copies to your Building Principal

**CONFERENCE LEAVE REQUEST**

I request permission to attend \_\_\_\_\_  
 Conference/Workshop at \_\_\_\_\_ on  
 the following days \_\_\_\_\_. I (circle one) am - am not - does  
 not apply, a member of this organization.

PLEASE list actual or estimated expenses below and mark appropriate blanks so we know how you wish to be reimbursed:

| Expenses     | (check one) |              | Main in \$-check | Need check to take | Will claim \$ on return |
|--------------|-------------|--------------|------------------|--------------------|-------------------------|
|              | Actual      | or Estimated |                  |                    |                         |
| REGISTRATION | _____       | _____        | _____            | _____              | _____                   |
| ROOM         | _____       | _____        | _____            | _____              | _____                   |
| MEALS        | _____       | _____        | _____            | _____              | _____                   |
| TRAVEL       | _____       | _____        | _____            | _____              | _____                   |
| MISC.        | _____       | _____        | _____            | _____              | _____                   |
| TOTAL        | \$ _____    |              |                  |                    |                         |

Substitute teacher needed? YES \_\_\_\_\_ NO \_\_\_\_\_

Teacher's Signature \_\_\_\_\_ Date \_\_\_\_\_

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

Administrator's Request

\$200.00 Per Contract

Account Number: \_\_\_\_\_

\*\*\*\*\*  
 \*\*

Request and expenses approved \_\_\_\_\_

Request approved - no expenses allowed \_\_\_\_\_

Request not approved \_\_\_\_\_

Superintendent's Signature \_\_\_\_\_ Date \_\_\_\_\_