



PROFESSIONAL CONFERENCE/PROFESSIONAL MEETING REQUEST

Employee:	Department:
Name of conference/meeting:	
Date of conference/meeting:	Location:

Activity	Cost
Registration Fee(s):	
Transportation Fee(s):	
<input type="checkbox"/> District Vehicle	
<input type="checkbox"/> District Rental	
<input type="checkbox"/> Personal Vehicle _____ miles @ <u>0.585</u> c/mile	
<input type="checkbox"/> Shuttle/Parking	
<input type="checkbox"/> Other _____	
Meals: <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner	
Lodging (including room, tax and fees):	
Estimated Total Costs:	

Dates of leave (if different) from conference dates above:

Substitute needed: Yes No

If this activity takes you from your normal assignment, create an absence in AESOP (select “conference” leave type).

How does this conference meet your professional development goals?

Are you a presenter? Yes No Session Title:

Signature: _____ Date of Request: _____

SUPERVISOR’S RECOMMENDATION

How does this person’s attendance at the conference meet the needs of our staff development plans?

Supervisor Signature: _____ Date: _____

Director Signature (if applicable): _____ Date: _____

Superintendent Signature: _____ Date: _____
(If out of state)

Budget Account #: