

**HARPER CREEK COMMUNITY SCHOOLS
CONFERENCE REQUEST**

NAME: _____ Building / Position: _____
(Please Print)

I am requesting permission to attend the following conference:

Name of Conference

Sponsored by *(Please provide the entire name—not just initials or abbreviations.)*

Location

Date(s)

Check if appropriate:

___ My completed registration materials are attached. Please submit with registration fee upon approval.

___ I will submit my own registration form and request reimbursement (if applicable).

___ My attendance was requested by administration. _____
Administrator's Initials

___ I will need a substitute on the following day(s): _____

All day A.M. Only P.M. Only

These expenses are consistent with Board Policy. **I estimate my expenses to be:**

- A. _____ miles @ current IRS rate..... \$ _____ *(outside Calhoun County)*
- B. Air/Bus/Train..... \$ _____
- C. Shuttle Fare..... \$ _____
- D. Meals..... \$ _____
- E. Lodging \$ _____ *(if over 60 miles away)*
- F. Registration Fee(s) \$ _____
- G. Other (Please specify) _____ \$ _____ *(if approved in advance)*
- H. Sub Costs (\$130/ day or \$65 /half day)..... \$ _____

GRAND TOTAL \$ _____

(OVER)

Please check either A or B, as appropriate:

_____ A. This conference fits the following high-priority needs. (Please check all that apply and explain in the *Rationale* section.)

- ___ Professional development written specifically into a school improvement plan.
- ___ Professional development needed because of a reassignment.
- ___ Professional development needed for new teachers.
- ___ Professional development needed to keep instructional people current.
- ___ Professional development written into a teacher's IDP or PGP.

_____ B. This conference does not fit any of the high-priority needs listed above, but it is recommended by the principal for my professional growth. (Please explain in the *Rationale* section.)

Administrator's Initials

Rationale. (Please explain the relationship of this conference to district needs and/or your ongoing professional growth.) **Please fill out this section. The form will be returned to you if it is blank.**

Date Teacher's Signature

- No funding necessary
- Approved for building-level funding
Account: _____
- Recommended for district funding

Date Principal's signature

After the principal has signed this form and checked the appropriate billing recommendation, please send it to central office.

Date District Administrator's Signature

- No funding necessary
- Approved for district funding
- Not Approved _____