

DANVILLE LOCAL SCHOOLS
REQUEST FOR APPROVAL OF CONFERENCE
ATTENDANCE OR OTHER PROFESSIONAL LEAVE

ACCOUNT CODE TO CHARGE _____

NAME _____ SCHOOL _____

TITLE OF CONFERENCE _____

LOCATION OF CONFERENCE _____ DATES _____

C.I.P. GOAL/S MET BY ATTENDING THIS CONFERENCE _____

HOW WILL YOU SHARE LEARNING WITH THE STAFF _____

LIST SCHOOL DAYS THAT YOU WILL MISS _____

NUMBER OF CONFERENCES ALREADY ATTENDED THIS YEAR _____

NUMBER OF DAYS ALREADY MISSED FOR CONFERENCES _____

COST OF CONFERENCE

Include only what you are requesting to be reimbursed by the Board of Education. If registration is to be paid directly, you must fill out a requisition. Travel reimbursement will be made to one driver per event unless arrangements are approved by Superintendent in advance.

REGISTRATION _____

LODGING _____ nights at _____ = _____

Lodging reimbursement limited to \$90/Night (\$60/Night Athletic) unless travel or schedule indicates otherwise.

PARKING _____

OTHER (Reason) _____

(Amount) _____

Meal Reimbursement Suspended

TRAVEL _____ miles x IRS Rate = _____

TOTAL REIMBURSEMENT REQUESTED \$

OTHER COMMENTS:

Signature of Employee Date

Signature of Principal or Supervisor Date

Signature of Superintendent Date