

PROFESSIONAL MEETING REQUEST FORM

Revised 9-90

NAME OF CONFERENCE: _____

SPONSORING GROUP: _____

DATE OF CONFERENCE: _____ LOCATION OF CONFERENCE: _____

APPROXIMATE DEPARTURE TIME: ____:____ M APPROXIMATE RETURN TIME ____:____ M

NUMBER OF SCHOOL DAYS MISSED _____ NUMBER OF NON-SCHOOL DAYS MISSED _____

YOUR ESTIMATE OF COSTS: NUMBER OF MILES _____ COST \$ _____

MEALS \$ _____

REGISTRATION \$ _____

LODGING \$ _____

OTHER: _____ \$ _____

TOTAL \$ _____

BRIEFLY STATE HOW YOU BELIEVE ATTENDANCE AT THIS MEETING WILL HELP YOU IMPROVE PROFESSIONALLY: _____

NOTE: Please submit a brief summary (no longer than one page) to the principal relating the high point of the meeting (conference) within three school days after meeting.

PLEASE MAKE SURE TO MAKE ADVANCE PREPARATION FOR YOUR CLASSES.

Substitute Teacher Hired

Signature of Staff Member

By Whom and Date

Date

PLEASE ATTACH AN EXTRA COPY OF CONFERENCE AGENDA, ETC., WITH THIS REQUEST.

Principal Approval/Disapproval _____ Date _____

Superintendent Approval/Disapproval _____ Date _____

* School Board Approval/Disapproval _____ Date _____

* All out-of-state requests require School Board approval in ADVANCE.

Vehicle Assigned: _____ Date _____