

JEFFERSON SCHOOLS

REQUEST TO ATTEND CONFERENCE

Name _____ Date _____

Building/Department _____ Assignment _____

Conference (Title & Sponsor) _____

Place _____

Date/Time Leaving _____ Date/Time Returning _____

My report on the conference will be made to _____

If requesting a substitute, please indicate grade/subject & dates:

Grade/Subject _____ Date(s) substitute needed _____

ESTIMATED EXPENSES

- 1. Registration \$ _____
- 2. Transportation \$ _____
- 3. Lodging/Room \$ _____
- 4. Meals \$ _____
- 5. Other Costs \$ _____

Total \$ _____

Comments by Applicant _____

Will Share Expenses With _____

Advance Allowance Requested \$ _____ Payable to _____

Account to be charged _____

Not Recommended _____

Recommended _____ Principal _____ Date _____

Not Recommended _____

Recommended _____ Superintendent _____ Date _____

This meeting does (not) fit into the district's in-service objectives; see below:
