



Rowland Unified School District REQUEST TO ATTEND CONFERENCE (Group)

BOARD APPROVAL
Date: _____
Item #: _____

INSTRUCTIONS

1. Complete all parts of this form and send to Educational Services Division at least two weeks before the Board Meeting scheduled prior to the activity. All conferences submitted should be in alignment with the LEA plan.
2. A memorandum of rationale, signed by the Principal, is required if this request requires ratification (it is not being submitted prior to the activity). If this request is for out-of-state travel or total cost is over \$1,750 per person, conference must be Board approved prior to travel.

ATTENDEES

Name of Group or Contact/Lead Person*: _____

Site: _____

***Please complete attached supplemental form with information for each employee attending, including the person indicated above.**

CONVENTION/CONFERENCE/ACTIVITY

Name of Conference: _____

Date(s): _____ - _____ Location: _____
(Departure Date) (Return Date) (City and State)

Purpose of Conference: _____

Created/Requested By: _____ Date Created: _____

ESTIMATED COST AND FUNDING

(Total amounts for all attending)

A. Registration	\$ _____	D. Meals (\$46.50/day)	\$ _____
B. Transp./Mileage (53.5 cents/mile)	\$ _____	E. Substitutes	\$ _____
C. Lodging	\$ _____	F. Other: _____	\$ _____

TOTAL (A.-F.) \$ _____

Fund	Resource	Goal	Function	Object	Location	Amount																																																	
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						\$ _____																																																	
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REQUIRED SIGNATURES

Approved By: _____ / _____
 Department Chair Date

_____/_____
 Assistant Principal Date Principal Date

DISTRICT OFFICE USE ONLY

	Signature	Approved	Denied	Date
Program Director	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
Asst. Superintendent	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
Superintendent*	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____

*Superintendent must sign if conference is out-of-state.



Rowland Unified School District REQUEST TO ATTEND CONFERENCE (Group)

Name of Conference: _____

Date(s): _____ - _____
(Departure Date) (Return Date)

PERSONS TO BE AUTHORIZED

1. Name as it appears on Payroll
2. Location of assignment
3. Position/title
4. Number of Substitutes needed

(1) NAME <small>(Please alphabetize)</small>	(2) SITE	(3) POSITION/TITLE	(4) NUMBER OF SUBSTITUTES

RATIONALE

1. How will attendance provide in-service training not available in the District?

2. Which school or District priority goal does this activity meet?

3. How will information from this conference be disseminated to other staff members?

****Please attach this completed form to the REQUEST TO ATTEND CONFERENCE (GROUP) form.****

DISTRICT OFFICE USE ONLY

Date Received: _____ Input Date: _____ Inputted By: _____
 Education Services Division