

GLENDORA UNIFIED SCHOOL DISTRICT

REQUEST FOR PERMISSION TO ATTEND CONFERENCE OR WORKSHOP
or engage in other necessary travel. (Board Policy 4133)

Teacher _____ School _____ Today's Date _____

Conference/Workshop Title and Sponsor _____

Location _____ Date(s) of Participation _____

Number of Working Days Absent _____ Substitute Required for Date(s) _____

CHECK APPROPRIATE BOX(ES) AND OBTAIN REQUIRED SIGNATURES

1. No expenses to be paid by district, no substitute required, and absence of one school day only.

Principal's Authorization

2. Absence of more than one school day.

Principal's Recommendation

Central Office Administrator

3. Substitute to be paid from categorical program: (Circle Program)

EH • EMR • GATE • VOC.ED. • TITLE I • TITLE IV-B • TITLE IV-C • SIP • P.L. 94-142

Other _____

Principal's Recommendation

Budget OK-Prog.Coord.

Central Office Administrator

4. Reimbursement of expenses from categorical program: (Circle Program)

EH • EMR • GATE • VOC.ED. • TITLE I • TITLE IV-B • TITLE IV-C • SIP • P.L. 94-142

Other _____

Principal's Recommendation

Budget OK-Prog.Coord.

Central Office Administrator

**Estimated Cost
to Participant**

**Estimated Cost
to District**

Substitute \$ _____

\$ _____

Registration Fee _____

Travel _____

Lodging _____

Food _____

Other _____

TOTALS \$ _____

\$ _____

White • Principal

Yellow • Teacher

Pink • Accounting

Goldenrod • Categorical Program