REQUEST FORM

CONFERENCE ----- WORKSHOP ----- SEMINAR VISITATION

Any Unit 1 Staff who will use professional leave days (being absent on a work day, require a substitute, or incur expenses (Mileage, registrations, etc.) must complete this form. Submit it to your principal, director or supervisor at least 3 weeks before the meeting, conference event, field trip, etc. If approved, a copy of this form will be returned to you. Anyone not obtaining approval will be responsible for any expenses incurred.

Registration will be handled by the Unit Office once approved.

Name of Activity: _____

Location of Activity: _____

Date(s) of Activity: _____ Total Days: _____

Hours _____ (beginning/ending): _____

Will a substitute be required? Yes ☐ No ☐ If yes, list date(s) _____

Will other organizations, grants, or special projects cover any of your expenses?
Yes ☐ No ☐ If yes, describe _____

Reason you would like to attend of visit: _____
_____
_____

Registration Fee:	$ _____
Total miles: _____ @ .76 cents per mile	$ _____
Total meal request:	$ _____
Total motel/hotel cost:	$ _____
Other cost:	$ _____
TOTAL COST	$ 0.00

Employee Signature _____
Print Name: _____
Date: _____

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If approved, initial and date in order indicated.

Principal _____ Date _____ ☐ Approved ☐ Denied

Superintendent _____ Date _____ ☐ Approved ☐ Denied

Funded by: ☐ District ☐ Grant ☐ Other _____