

HENRY-STARK COUNTIES SPECIAL EDUCATION DISTRICT

REQUEST FOR CONFERENCE/WORKSHOP

Name: _____

Title of Conference/Workshop: _____

Date(s) of Requested Leave: _____

Length of Day: (A.M.) (P.M.) (Full Day) (Period)

ESTIMATED COSTS:

CHECK ONE:

- Conference/Workshop
 IEP Conference/Annual Reviews
 CPI Training
 Other: _____

 Request for Substitute Teacher

Mileage: _____ Miles
Lodging: _____ nights @ _____
Registration: _____
Meals: _____
Other: _____

Staff Signature: _____

Director Signature: _____

Principal Signature: _____
(Required if working in school building)

- Approved
 Not Approved
 Approved, No Reimbursement

REQUST FOR REIMBURSEMENT:

(Completion after Conference)

Name: _____

PAID COSTS:

Mileage: _____ Miles

The Following Require Receipts for Reimbursement:

Lodging: _____ nights @ _____

Registration: _____

Meals: _____

Other: _____

(Office Use Only)

Account: _____

Amount: _____

Description: _____

Approved: _____