

CONFERENCE / VISITATION REQUEST FORM

School:	Date of Application:
Requesting Teacher:	Date(s) of Conference or Visitation: <i>This request must be accompanied by a copy of the program for the conference and must be filed with the Office of the Assistant Superintendent no later than seven (7) days prior to the conference.</i>

I REQUEST APPROVAL TO ATTEND: CONFERENCE VISITATION

LOCATION _____ CONFERENCE/VISITATION SPONSORED BY: _____

PURPOSE OF CONFERENCE/VISITATION: _____

RELATIONSHIP OF REQUEST TO YOUR ASSIGNMENT: _____

EDUCATIONAL STANDARD(S) TO BE REALIZED: _____

SCHOOL IMPROVEMENT PLAN RELATIONSHIP: _____

DATE: _____ TIME: _____ PLACE: (Room Number) _____ of reporting to your colleagues.
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SUBSTITUTE NEEDED: YES NO DATE(S) _____

(TO BE FILLED OUT BY PRINCIPAL)

REQUEST: APPROVED DENIED

ADDITIONAL COMMENTS: _____

SUBSTITUTE COST LINE NUMBER: _____

Balance: _____

CONFERENCE COST LINE NUMBER: _____

Balance: _____

PRINCIPAL/SUPERVISOR'S SIGNATURE

REQUEST: APPROVED DENIED

SUPERINTENDENT/AUTHORIZED OFFICIAL'S SIGNATURE