

PORT BYRON CENTRAL SCHOOL DISTRICT  
CONFERENCE REQUEST FORM

NAME: \_\_\_\_\_ BUILDING: \_\_\_\_\_

CONFERENCE TITLE: \_\_\_\_\_

DATE(S): \_\_\_\_\_ NUMBER OF SCHOOL DAY(S) \_\_\_\_\_

BRIEFLY DESCRIBE WHAT SPECIFIC, OBSERVABLE, AND MEASURABLE CHANGES WILL RESULT THIS YEAR IN YOUR AREA OF RESPONSIBILITY BY ATTENDANCE AT THIS CONFERENCE:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Special Instructions:

1. All conference requests must have prior approval. Requests must be submitted at least ten (10) days prior to conference dates. Do not make plans to attend a conference until approval is received.
2. Those attending the same conference should travel together whenever possible.
3. Approved participants should obtain tax exemption forms from the Business Office so that the employee will not be charged for taxes as the District is not responsible for this expense.
4. After attending the conference, each individual must submit his/her expenses for reimbursement by completing a claim form and submitting receipts. The completed claim form is to be forwarded through the individual's supervisor to the Business Office for payment.
5. After attending any conference, all individuals are to submit a report of the conference to his/her supervisor.

I AM REQUESTING APPROVAL FOR ATTENDANCE AT THE ABOVE-DESCRIBED CONFERENCE.

Teacher's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Are you registering yourself?            YES   NO**

**If you need the District Office to register you for this, be sure to attach the registration form/flyer.**

TOTAL ESTIMATED COST TO THE DISTRICT:

Registration:	\$ _____
Transportation:	\$ _____
Meals:	\$ _____
Lodging:	\$ _____
Substitutes: (\$120/day for _____ days)	\$ _____
Other (List individually)	\$ _____

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Signature of Director of Curriculum, Instruction, and Assessment: \_\_\_\_\_

Signature of Principal: \_\_\_\_\_

Signature of Superintendent: \_\_\_\_\_

Signature of Assistant Superintendent for Business and Finance: \_\_\_\_\_

Date of Approval: \_\_\_\_\_