

# BURBANK SCHOOL DISTRICT 111

## Request for Conference (pre-approval form)

Name \_\_\_\_\_

Date \_\_\_\_\_

Position \_\_\_\_\_

School \_\_\_\_\_

### CONFERENCE INFORMATION

Name of Conference \_\_\_\_\_

Location of Conference \_\_\_\_\_

Date(s) of Conference \_\_\_\_\_

Time(s) of Conference \_\_\_\_\_

Specific topics to be addressed at this conference \_\_\_\_\_

How will this conference enhance your job performance? \_\_\_\_\_

Conference recommended by \_\_\_\_\_

Signature of person requesting conference \_\_\_\_\_

### IMPORTANT NOTES:

Conference Request Forms must be completed and forwarded to the office of the Assistant Superintendent for Instruction & Human Resources no less than thirty (30) days prior to the date of the conference. **Please be advised that attendance at external conferences will be limited. All staff members who attend an external conference will be expected to present a summary to the staff of their school.**

Please be advised that we have a \$150.00/day cap in place for all registration fees. The employee must pay any additional fees above the amount indicated. Advance payments for registration fees may be requested. **The full conference brochure must be attached to this request. IF APPROVED, the District Office will forward the registration form and fee to the conference mailing address. The employee is then responsible for submitting proper original receipts for all pre-approved expenses. Please be advised that conferences outside the scope of the district budget or improvement goals will not be approved.**

Registration fee: \$ \_\_\_\_\_

Mileage x Current Rate \$ \_\_\_\_\_

Lodging (daily) \$ \_\_\_\_\_

Meals (daily) \$ \_\_\_\_\_

Other \$ \_\_\_\_\_

Please describe \_\_\_\_\_

Total Cost of Conference \$ \_\_\_\_\_

Principal \_\_\_\_\_

Approved/Not Approved  
(Circle One)

Date \_\_\_\_\_

Assistant Superintendent \_\_\_\_\_

Approved/Not Approved  
(Circle One)

Date \_\_\_\_\_

Superintendent \_\_\_\_\_

Approved/Not Approved  
(Circle One)

Date \_\_\_\_\_

### FOR OFFICE USE ONLY

Substitute Needed: \_\_\_\_\_ Date(s) \_\_\_\_\_

Amount of Expenses Approved: \_\_\_\_\_