REQUEST FOR CONFERENCE/WORKSHOP APPROVAL FORM
for
OUTSIDE THE ACADEMIC CALENDAR

- **One Form Per Person**

- All professional development requires approval and must be processed before registration and/or attendance.
- If approved a purchase order number will be emailed to you for registration.

- **Please Note:** Approval is dependent on available budgeted funding and relevance to individual's district professional assignment.

**Please Print**

Name: ____________________________ Date: ______________

Your Assigned School: __________________ Class/Grade/Assignment: __________________

Conference/Workshop you are requesting to attend: __________________________

Conference Date: ______________ Location: __________________________

Start Time: ______________ End Time: ______________

Cost for this conference/workshop: $____________

Briefly explain the connection to your assignment/instruction:

____________________________________________________________________________

____________________________________________________________________________

**Administrative Approval**

Principal's Recommendation/Signature: ____________________________ Date: __________

Assistant Superintendent's Approval/Signature: ____________________________ Date: __________

Superintendent's Approval/Signature: ____________________________ Date: __________

**Request Approved** Yes ☐ No ☐ Comments: ____________________________

**Amount Approved:** $____________

3/2017