

MT. BLUE REGIONAL SCHOOL DISTRICT REQUEST FOR ATTENDANCE AT PROFESSIONAL CONFERENCE/MEETING/WORKSHOP

Submit to Building Principal **prior** to conference/meeting/workshop

PERSON REQUESTING _____ POSITION _____ SCHOOL _____

NAME/SPONSOR: _____

SUBJECT: _____

LOCATION: _____ DATE(S): _____

***Please attach conference/workshop registration and/or conference/workshop flyer to this request**

HOURLY WORKERS ONLY CONFERENCE INFORMATION (ANTICIPATED)

Start time _____ Lunch Break _____ to _____ End Time _____

Total number of hours requesting to be paid _____

What strategic plan school or district goal does this align to?

How does this link to the school/district goal and how will you share and/or apply your learning?

LIST DATE(S) A SUBSTITUTE WILL BE NEEDED: _____ full day _____ half day, AM / PM
 _____ full day _____ half day, AM / PM

Please circle AM / PM

ENCUMBRANCE ACCOUNTS: Please ensure you include the estimated cost and all account lines in this section.
 As soon as you receive approval, a purchase order must be submitted.

_____ N/A _____	\$ _____	Substitute (\$140.00/per day)
_____ - _____ - _____ - _____ - _____	\$ _____	Travel
_____ - _____ - _____ - _____ - _____	\$ _____	Meals: beyond what is included in registration
_____ - _____ - _____ - _____ - _____	\$ _____	Housing
_____ - _____ - _____ - _____ - _____	\$ _____	Registration
_____ - _____ - _____ - _____ - _____	\$ _____	Other (Explain)
	\$ _____	Total Request

 Signature of person making request

 Date request prepared

☐ Approved ☐ Denied Building Administrator/Director _____

☐ Approved ☐ Denied Assistant Superintendent _____

TO BE COMPLETED FOLLOWING THE CONFERENCE/MEETING/WORKSHOP

The following section must be completed within 30 days for the REIMBURSEMENT OF EXPENSES. ITEMIZED RECEIPTS to cover expenses and PROOF OF ATTENDANCE MUST accompany this request.

If reimbursement should be made to more than one payee, please make a copy of this form for each additional payee.

<p style="text-align: center;"><u>HOURLY WORKERS ONLY</u> CONFERENCE INFORMATION (ACTUAL)</p> <p>START TIME: _____ LUNCH BREAK: _____ to _____ END TIME: _____</p>

<u>List Expenses:</u>	<u>Cost</u>	<u>Itemized Receipt Attached</u>
Miles _____ @ \$_____/mile: round trip from School to destination	\$ _____	<input type="checkbox"/>
Meals: max of \$50/day	\$ _____	<input type="checkbox"/>
Lodging:	\$ _____	<input type="checkbox"/>
Registration:	\$ _____	<input type="checkbox"/>
Tolls:	\$ _____	<input type="checkbox"/>
Other: _____	\$ _____	<input type="checkbox"/>
Total Reimbursement:	\$ _____	<input type="checkbox"/>
<p>*If the school credit card was used, submit any receipts to the school secretary.</p>		
<p>If amounts exceed the total request on the front of this sheet, please include an explanation.</p> <p>_____</p> <p>_____</p>		

☐ I certify that the above information is correct and aligns with RSU 9 policy DKC-R.

☐ I certify that I have attached all of the documentation required.

Employee's Signature: _____

Date: _____

Building Administrator/Director Signature: _____

Date: _____

Assistant Superintendent Signature: _____

Date: _____