PROFESSIONAL MEETINGS/CONFERENCES APPLICATION/REIMBURSEMENT FORM

See Master Contract

Bargaining unit members requesting professional leave must submit a written request for approval. Such request will include information and documentation concerning the reason for leave, the date of the leave, the estimated cost, the purpose of the leave, and the relationship of the meeting to the member's job assignment. All applications for professional leave/conferences must be submitted at least ten (10) working days prior to the intended use of the professional leave. Requests for professional leave approved or not approved will be returned to the applicant within five (5) working days after the superintendent or his/her designee has received the application.

Name:		Date:
APPLICATION FOR PROFESSSION	NAL CONFERENCE/MEE	ΓINGS:
Name of Conference/Meeting:		
Location of Meeting:		
Date(s) of Meeting:		
REASON/RELATIONSHIP OF CON	FERENCE/MEETING TO	JOB ASSIGNMENT:
COSTS: Receipts for hotel bills, more registration fees, and other approved application/reimbursement form after will be processed.	l expenses for the professi	onal trip must accompany this
EXPENSES Registration Meals Lodging Transportation Miscellaneous (Explain)	ESTIMATE	ACTUAL
Total:		
Signature denotes approval unless oth	erwise stated.	
Principal Signature:		Date:
Superintendent Signature		Date:
Reason for denial:		

CONFERENCE REPORT FORM

Upon completion of conference/meeting, the application/reimbursement for	orm must be completed
and submitted in accordance with the master contract.	
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Teacher Signature:	Date: