

River Valley School District

Professional Conference/Workshop Request Form

Employee _____ Date Submitted _____
Name of Conference _____ Conference Location _____
Conference Sponsor _____
Conference Theme _____
Date Conference Begins _____ Date Conference Ends _____ Date(s) Absent From Duty _____
Number of Professional Conferences Attended This Year _____ Number of days substitute required
Describe conference program and benefit(s) to the school district and/or professional development

Total estimated expenses

Registration	_____	D - Paid by District Account
Travel - Enter mileage (\$0.585 / Mile)	_____	B - Paid by Building Account
Meals	_____	S - Paid by Sponser
Substitute (\$95/day)	_____	E - Paid by Employee
Lodging	_____	F - Paid by Federal Program
Total	_____	G - Paid by Grant Funds

Conditions:

- * **GSA U.S. General Services Administration - current per diem rates will apply, (attach current rate chart)** The school district **WILL NOT** reimburse for alcoholic beverages.
- * No reimbursement will be allowed without receipts. In order to get reimbursement, this approved form must be attached to an expense report along with receipts.
- * Employees that fail to attend a scheduled conference that has been paid for by the district will be required to reimburse the district for all costs incurred. The only excused absences from scheduled conferences will be due to emergency reasons (illness, funeral, family emergency, etc) subject to approval by the Superintendent.
- * Substitute arrangements are to be made by the person attending the conference/workshop unless otherwise instructed.

- ☐ Registration materials are completed and attached for purchase order preparation and/or registration by the building secretary. ☐ Act 48 Credits requested

Act 48 hours will be granted as follows:

Half day workshop = 3 1/2 hrs.

Full day workshop = 5 hrs.

Total Act 48 hours granted: _____

Activity # _____

Approval: _____

*** Conference/Workshop Report must be submitted for Act 48 Credit confirmation ***

Signature of employee _____ Date _____

☐ Approved ☐ Not approved Building Administrator _____ Date _____

☐ Approved ☐ Not Approved Superintendent _____ Date _____

- Distribution: ☐ Superintendent
☐ Building Administrator
☐ Employee (copy after approval)
☐ Building secretary

Budget code: _____

Federal program name (if applicable): _____