

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 Sponsor
	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: Activity # _____

Half day workshop = 3 1/2 hrs. _____

Full day workshop = 5 hrs. Total Act 48 hours granted: _____ Approval: _____

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

Signature of employee _____ Date _____

Approved Building Administrator _____ Date _____

Not approved

Approved Superintendent _____ Date _____

Not Approved

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

Budget code: _____

Federal program name (if applicable): _____