

	Berlin-Boylst	ton Public Schools		
REQUEST All requests for workshop or conference registration. Approval is required prior • Attach a copy of the description • If a substitute will be needed p • A separate form must be comp A copy of this form indicating approx Superintendent must be received by you	FOR APPROVAL ence approval must r to registration. on of the workshop you lease indicate that be leted for each workshow val of your request,	of WORKSHOP or CONFERI be received by the Principal ou wish to attend. elow. thop and for each participant. signed by the Principal, Direct	<u>at least two (2) weeks prior to</u>	
NAME:		DATE:		
HOME ADDRESS:				
YOUR SCHOOL:			J:	
WORKSHOP/CONFERENCE TITL	E:			
LOCATION:	Date(s) of Workshop/Conference:			
# of PDPs/PTPs:	_COST:	Substitute	Substitute Needed?	
Pay Vendor Directly		🗌 Reimb	🔲 Reimburse Employee	
Principal 🗌 APPROVED 🗌 DIS 🗌 Reg. Ed or 🔄 SPED If SPED Curr Dir 📋 APPROVED 🗌 DIS	then Signature	PPS Director	Date: or	
Personnel # A	ttended to date:			
Dir. of Finance Funds Available	e 🗌 Yes 🗌 No	Signature	Date:	
Superintendent APPROVED Reason (if any) for disapproval:	DISAPPROVED	Signature	Date:	
Personnel		nployee Reimbursement File/Recorded	Date: Date: Date:	