



**REMSEN CENTRAL SCHOOL DISTRICT
PROFESSIONAL DEVELOPMENT REQUEST**



(Conference/Workshop/Training)

Application for Authorization/Reimbursement

Request must be filed at least four (4) weeks in advance

*****Please attach conference registration information and paid leave form to this request.***

Name of Individual Making Request: _____ Date: _____

Date(s) of Conference/Workshop/Training: _____

Mileage (Roundtrip): _____ (if applicable)

Purpose: _____

Substitute Needed: YES NO

Expenses:

	<u>Amount</u>
<input type="checkbox"/> Registration	\$ _____
<input type="checkbox"/> Lodging - # Nights	\$ _____
<input type="checkbox"/> Meals	\$ _____
<input type="checkbox"/> Mileage (Board of Ed. approval amount)	\$ _____
<input type="checkbox"/> Other Expenses (please specify) _____	\$ _____
TOTAL COST: (please attach receipts)	\$ _____

*****All conferences are subject to District approval.***

Approved

Denied

Initial Approval-Immediate Supervisor

Date

Final Approval – District Office

Date