

**PATERSON PUBLIC SCHOOLS
OFFICE OF THE SUPERINTENDENT OF SCHOOLS**

APPLICATION TO ATTEND PROFESSIONAL DEVELOPMENT CONFERENCE/WORKSHOP

This form along with pertinent information that supports this request must be submitted to your immediate supervisor for their approval. Any request that has a cost associated with it (regardless of the amount), MUST be approved by the board. Therefore, you must allow ample time for the approval process to occur, which consists of approval by the applicant's principal and/or immediate supervisor, assistant superintendent or chief, and the deputy superintendent and/or superintendent for final review and approval. If board approval is necessary, your request will be submitted at the next scheduled board meeting, prior to the travel dates.

Please note the following: If multiple applicants are attending the same conference, a separate conference form must be submitted for each individual; all expenses must be itemized; any funded program that expenses are charged to must be indicated on this form; any documentation/literature (i.e. invitation, announcement, flyer, registration form, etc.) must be attached to this application, along with an itinerary for the event. Also, logon to www.gsa.gov for per-diem rates as it pertains to lodging and meals & incidentals. For travel guidelines, please refer to District Policy No. 6471. Lastly, the rate for mileage reimbursement is \$0.47 per mile.

APPLICANT'S NAME (PLEASE PRINT): _____

APPLICANT'S JOB TITLE and DEPARTMENT/LOCATION: _____

NAME OF PROGRAM/SPONSOR: _____

LOCATION OF CONFERENCE (CITY, STATE): _____

DATE(S) OF CONFERENCE: _____

IF THIS IS A 1-DAY CONFERENCE, PLEASE INDICATE THE START AND END TIMES: _____

OBJECTIVE: _____

EXPLAIN HOW CONFERENCE IS RELATED TO WORK: _____

FUNDING BREAKDOWN:

Registration	Transportation	Lodging	Meals	Other	TOTAL

FUNDED PROGRAM: _____ ACCOUNT NUMBER: _____

REQUISITION NUMBER(S) – Please list all Requisition Numbers associated with this conference request: _____

NUMBER OF INDIVIDUALS ATTENDING THIS CONFERENCE FROM YOUR SCHOOL (including yourself): _____

SIGNATURES:

DATE:

APPLICANT

PRINCIPAL

SUPERVISOR

DIRECTOR

ASSISTANT SUPERINTENDENT/CHIEF

DEPUTY SUPERINTENDENT or SUPERINTENDENT

APPROVED DENIED

SUPERINTENDENT'S OFFICE USE ONLY

APPROVED BY BOARD OF EDUCATION YES NO

DATE _____ ITEM NO. _____