

## CONFERENCE REQUEST FORM

The completed form should be given to your building principal/supervisor and forwarded to the Assistant Superintendent no later than the **first week of the month** that you are seeking Board approval.

Name (1 per form) \_\_\_\_\_ School \_\_\_\_\_

Title of Conference \_\_\_\_\_ (Please provide copy of informational flyer)

Conference Location \_\_\_\_\_ Date(s) of Conference \_\_\_\_\_

Reason for attending and influence this conference will have on your professional growth and benefits to the district:

\_\_\_\_\_

\_\_\_\_\_

Has your attendance at this conference been requested by your principal or supervisor? Yes \_\_\_\_\_ No \_\_\_\_\_

How many conferences/workshops/seminars have you attended during the current school year? \_\_\_\_\_

Please list: \_\_\_\_\_

*(Include those already approved, even if they have not yet occurred)*

**THIS FORM WILL BE RETURNED UNLESS THE FOLLOWING INFORMATION IS COMPLETE:**  
Estimate Expenses (show dollars amounts, not check marks). Signatures (your immediate supervisor must initial this form and your signature must appear below). (If the conference is approved, **YOU** are responsible to make arrangements for a substitute, registration, lodging, and transportation, if necessary).

Substitute \$ \_\_\_\_\_ @ (See chart below) Meals \$ \_\_\_\_\_

Lodging \$ \_\_\_\_\_ Registration \$ \_\_\_\_\_

Travel \$ \_\_\_\_\_ @ (.70 per mile) Miscellaneous \$ \_\_\_\_\_ (Explain: \_\_\_\_\_)

TOTAL ESTIMATE OF EXPENSES: \$ \_\_\_\_\_

\$115/day/professional employees \$11.00/hour/secretaries \$12.00/hour/para-professionals \$14.00/hour/maintenance
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Signature \_\_\_\_\_

**Staff members who attend conferences are expected to share conference information with their colleagues through professional development days and/or department/grade level meetings.**

<u>Initials Required</u>	<u>Approved</u>	<u>Funding Source</u>	<u>Not Approved</u>	<u>Date and Comments</u>
Principal	_____	_____	_____	_____
Director of Curriculum Instruction & Professional Development	_____	_____	_____	_____
Supervisor of Special Education	_____	_____	_____	_____
Supervisor of Business Services	_____	_____	_____	_____
Assistant Superintendent	_____	_____	_____	_____
Superintendent	_____	_____	_____	_____

**616.1 CONFERENCE AND SEMINAR TRAVEL AND EXPENSES**1. PURPOSE

The Board recognizes that staff attendance at certain conferences and seminars can be educationally and financially beneficial to the District. Therefore, the Board encourages such attendance based on the following guidelines.

2. GUIDELINES

1. The School District will pay for all reasonable and necessary expenses which are necessary and beneficial to the Butler Area School District and may result in financial and/or educational benefits to the Butler Area School District when requested or approved by the School District.
2. The School District shall not pay for overnight stays within a forty-five (45) mile radius of the Butler Area School District.
3. All expenses submitted for reimbursement must be justified with original itemized receipts.
4. School vans shall be used when practical, possible and available.
5. Mileage allowances shall be paid to only one person when traveling to the same destination. However, if transportation is not shared, a statement of explanation will be made on the expense voucher form.
6. The Superintendent may grant exceptions to any of the aforementioned policies.

**\*Any status change to a conference should be discussed with your immediate supervisor**

**PROCEDURE FOR REIMBURSEMENT**

Prompt reimbursement of expenses can be made if you:

1. Properly complete Travel and Expense Form #203 (Revised).
2. Provide receipts for all expenses.
3. Submit Form #203 (Revised) by the last working day of the month to the Business Office.
4. Complete and submit an absence sheet for the dates of the conference within the corresponding pay period.