River Valley School District
Professional Conference/Workshop Request Form

Print 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** 0

Describe conference program and benefit(s) to the school district and/or professional development

Total estimated expenses

Registration		D
Travel - Enter mileage ($0.70 / Mile)		D
Meals		
Lodging		
Total		D

D - Paid by District Account
B - Paid by Building Account
S - Paid by Sponser
E - Paid by Employee
F - Paid by Federal Program
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 purchse order preparation and/or registration by the building secretary.**

☐ **Act 48 Credits requested**

Act 48 hours will be granted as follows:
Half day workshop = 3 1/2 hrs.
Full day workshop = 5 hrs.

Activity # _____

Total Act 48 hours granted: _____ **Approval:** _____

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

Signature of employee _____ **Date** _____

☐ **Approved**
☐ **Not approved** **Building Administrator** _____ **Date** _____

☐ **Approved**
☐ **Not Approved** **Superintendent** _____ **Date** _____

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

Budget code: _____

Federal program name (if applicable): _____

09/2025
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