

Webster Public Schools
Request for Conference Leave
(Please attach all paperwork needed for approval)

Name: _____ # of Conference days attended : _____
Department: _____ School: _____
of days requested: _____ Starting date: _____ End date: _____
Conference Sponsor: _____ Registration Cost: _____
Reason for request: _____

Substitute needed?

- Yes
 No

I am willing to share my conference experience.

- Yes
 No
 Comment: _____

Registration:

- Yes, Please register me. I have attached my registration form.**
 No, I will register myself. Please send PO if needed.

Employee Signature _____ Date: _____

Department Head Signature _____ Date: _____

- Recommend Approval Comment: _____
 Recommend Denial Comment: _____

Building Principal Signature _____ Date: _____

- Recommend Approval Comment: _____
 Recommend Denial Comment: _____

Director of Curriculum Signature _____ Date: _____

- Approval Comment: _____
 Denial Comment: _____

Superintendent of Schools Signature _____ Date: _____

- Approval Comment: _____
 Denial Comment: _____

Payment Information: Which PD line is payment coming from:

- District Webster Middle School
 Bartlett High School Park Ave Elementary School