

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: _____

Conference Title: _____

Description: _____

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