

# JOHN GLENN SCHOOL CORPORATION

## Faculty Conference Request

Name: \_\_\_\_\_ School: \_\_\_\_\_ Date of Request: \_\_\_\_\_

**A. Conference Requested:** (Name) \_\_\_\_\_

1. Date: \_\_\_\_\_ Location: \_\_\_\_\_
2. Name of School, Company, or other organization that is sponsoring this conference: \_\_\_\_\_
3. For 1-Day Conferences Only: Please list total hours from start to finish (include the driving time to and from the conference, as well as the time attending the conference) \_\_\_\_\_ Hours

**B. General Information**

- |  |       |       |
|--|-------|-------|
|  | YES   | NO    |
| 1. Will this conference require you to be absent from the classroom?   | _____ | _____ |
| 2. Will a substitute be required?  | _____ | _____ |
| 3. Please briefly explain the purpose and value of this conference to your professional duties and identify its relevance to your school's improvement or professional development plan: |       |       |

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**C. Estimated Expenses for Conference** (Estimated costs must be listed in order to be reimbursed.)

Substitute	Mileage	Mileage x.725	Meals	Room	Registration		Est. Total

**D. Please check one:** (if requested conference takes place less than two weeks from the date of this request, the second option must be selected.)

\_\_\_\_\_ I would like for the school corporation to send in my registration form and pay the registration fee with a Purchase Order. (Completed Registration and Requisition Forms must be attached **or this request will be returned to you unprocessed.**)  
*Note:* Online registrations require approval prior to registration. Call Adm. office for a P.O. or credit card #. A requisition form with the assigned P.O.# on it must then be submitted with e-mail confirmation of registration attached.

\_\_\_\_\_ I will take care of sending in the registration form and the fee myself and will turn in all expenses after the conference. (Retain all receipts to attach to a completed claim form for reimbursement following the conference.)

E. I understand that I am responsible for making conference arrangements and that to receive reimbursement I must submit a valid claim with attached receipts to substantiate my claim.

\_\_\_\_\_  
Signature

(Do not write below this line)

### Recommendation/Action

\_\_\_\_\_ Principal (signature indicates approval)

Account conference expenses are to be charged to: \_\_\_\_\_

\_\_\_\_\_ Superintendent

Request is (check one): \_\_\_\_\_ Approved \_\_\_\_\_ Not Approved

Date of Action: \_\_\_\_\_