DOVER AREA SCHOOL DISTRICT

 CONFERENCE REQUEST FORM

|  |  |  |  |
| --- | --- | --- | --- |
| Name |       | PPID |       |

|  |  |  |  |
| --- | --- | --- | --- |
| Building  |       | Position |       |

|  |  |
| --- | --- |
| Conference/Workshop Title |       |

|  |  |  |  |
| --- | --- | --- | --- |
| Date(s) |       | Location: |       |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Substitute Needed  |  [ ]  Yes | [ ]  No | If yes, date(s) |       |

|  |  |  |
| --- | --- | --- |
| [ ]  Entered in Skyward/Red Rover |  Date Entered |       |

|  |  |  |  |
| --- | --- | --- | --- |
| Expenses | Estimated*(Pre-Approved)* | Expense Pre-paidby District | Reimbursement Amount Requested*(Itemized Receipts must accompany reimbursement request)* |
| Registration Fee *(attach copy of registration form)* |        |[ ]         |
| Lodging *(overnight events only. Distance must be 75 miles or more one way)* |       |[ ]         |
| Food *(maximum allowance is $45 per day - Breakfast $10, Lunch $15, Dinner $20)* |       |[ ]         |
| Transportation * Personal Vehicle

\_\_\_\_\_\_\_miles x $.67 |       |[ ]         |
| Other Expenses |       |[ ]         |
| Total |       |  |        |

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| Each Employee, upon returning from conference/workshop, must relate the value of their experience through one of the following options. At least one option must be chosen. |

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|[ ]  Presentation to the Board |
|  |  |
|[ ]  Presentation to staff/co-workers |
|  |  |
|[ ]  Written report to administration to be shared with appropriate staff |
|  |  |
|[ ]  Demonstration by using new techniques, methods, or materials. If this method is chosen,  |
|  the building principal should be informed in order to provide support without evaluation |
|  |  |
|[ ]  Other  |

PLEASE NOTE: All registrations, transportation and lodging arrangements are the responsibility of the attendee.

Conference Attendance Approval

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |
| Building Principal |  | Date |  |  | Approved |  | Denied |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| Assistant Superintendent  |  | Date |  |  | Approved |  | Denied |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| School Board (*overnight/over $500)* |  | Date |  |  | Approved |  | Denied |

Reimbursement

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Submitted by  |  | Date |
|  |  |  |
|  |  |  |  |  |  |  |  |
| Building Principal  |  | Date |  |  | Approved |  | Denied |

1/2024

|  |  |  |
| --- | --- | --- |
| Purchase Order # |  |  |