## **CONFERENCE/WORKSHOP REQUEST**

(INTENT FORM MUST ACCOMPANY THIS REQUEST-SEE REVERSE SIDE OF THIS FORM)

## SUBMIT THIS FORM IN DUPLICATE

| *NOTE – This form is for APPROVAL ONLY:  |                                      | SCHOOL DISTRICT OF:DATE:               |                   |                          |
|--|--------------------------------------|--|-------------------|--------------------------|
| YOU MUST SUBMIT A SE   | EPARATE REIMBURSEMEN                 |  |                   |                          |
| NAME:  | SCHOOL:                              | _POSITION/SUBJ                         | .AREA/GRADE       |                          |
| MAILING ADDRESS:   | D.BOX                                | TOWN                                   | ST                | ZIP CODE                 |
| Name of Conference/Workshop:   |                                      |  |                   | _                        |
| Describe it:   |                                      |  |                   |                          |
| When does this take place? Fro   | m:                                   | to                                     | Month/Dov/Vo      |                          |
| Time of Workshop/Conference: _   | Month/Day/ real                      |  |                   |                          |
| Where does this take place?  |                                      |  |                   |                          |
| Are you an official delegate or spe  | aker? If not                         | t, what will be your i                 | role?             |                          |
| What goal does this address in you   | ur Staff Development Plan or         | area of teaching?_                     |                   |                          |
| The funding requested is from:   | Title 1                              | Title 11                               | IDEIA             | District                 |
| Other (please specify)   |                                      |  | _                 |                          |
|  |                                      | ********                               | COST:             | *********                |
| Approx. Mileage (Actual M  | ileage must be taken at time         | of conference)                         | COST:             |                          |
| Meals/Lodging per day:   | No. of days:                         |  | COST:             |                          |
|  |                                      | Maximum req                            | uested COST:      |                          |
| NOTE: NO REIMBURSEMENT WILL  | BE ISSUED UNLESS:                    |  |                   |                          |
| <ul><li>(1) "Request for Reimbursement" form (#verification of attendance.</li><li>(2) This form (#21) is signed by the Superior</li></ul> | 22) submitted with copies of paid ve |  |                   | ND certificate and/or    |
| *************  | ***********                          | ************************************** | *******           | ********                 |
| Employee's Signature   | Date                                 | •                                      | nmended Amount:_  |                          |
| Dept. Head Initials, if Applicable.  | Date                                 | =                                      |                   |                          |
| ***********  | *********                            | Principal's Sign                       | ature<br>******** | <b>Date</b><br>********* |
| APPROVED BY:   |                                      |  |                   |                          |
| Superintendent/  | Assistant Superintendent             |  | Date              |                          |

Revised 03/19

## **School Administrative Unit #9**

## **Intent Form**

This form must be attached to CONFERENCE/WORKSHOP REQUEST (#21) or REQUEST FOR APPROVAL OF COURSE CREDIT REIMBURSEMENT (#23) forms to receive approval.

| Name:   | Date:   |
|---|---|
| Workshop Title:   | Date(s):                                      |
| Conference Title:   |   |
| Credit Course Title:  | Date(s):                                      |
| Explain briefly how this conference/workshop/credit contents. | ourse will impact the achievement of your     |
|   |   |
|   |   |
|   |   |
| Explain how you plan to share information from this p         | rofessional development activity. Specify the |
| team(s), individual(s), and/or group(s) of interest and       |   |