

PICKERINGTON LOCAL SCHOOL DISTRICT  
 2018-2019  2019-2020  2020-2021

# Request for Permission to Attend Professional Meeting or Visitation\*

Check (✓) one:  Certificated/Licensed  Administrator  Classified/Support Staff

**This form needs to be submitted thirty (30) days prior to registration deadline.  
Failure to complete this form correctly will result in a delay of its processing.**

In District  Out-of-District

Employee ID                     

Name (please print) \_\_\_\_\_ Building \_\_\_\_\_

Signature \_\_\_\_\_ Date Request Submitted \_\_\_\_\_

THIS IS MY FORMAL REQUEST TO BE ABSENT FROM SCHOOL TO ATTEND THE:

\_\_\_\_\_  
(Name of professional meeting, visitation, conference, workshop, etc.)

at \_\_\_\_\_ on the following dates \_\_\_\_\_

Meets the following CCIP strategies: (✓ Check a box)

- Highly Qualified Teacher
- Promotes Student Achievement
- Instruction of a Diverse Population
- IPDP Plan
- Professional Growth Plan
- Professional Improvement Plan

I will need a substitute for the following days \_\_\_\_\_

Building will arrange for sub coverage

Supervisor or principal recommendation:  **Approved**  **Disapproved** Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Principal

## WORKSHOP OR CONFERENCE REGISTRATION

**If a unit member or approved replacement does not attend a conference/workshop, they will be responsible for reimbursing the district for the registration fee, etc. If a conference/workshop is paid by the district, the expectation is it will be attended in its entirety.**

Registration Fee \$ \_\_\_\_\_ How is meeting/conference fee being paid?  Building  District  Self

(✓ Check One)

- Attached is my completed registration form to attend a professional meeting, visitation, conference or workshop. **Please register me and pre-pay the registration fee.** Upon approval from the appropriate district office department, a unit member may be entitled to reimbursement of expenses incurred as a result of attending a conference or workshop (mileage). Meals and hotel accommodations must be pre-approved and must be at the gsa.gov rate. I understand that I will have to submit evidence (receipt of payment and attendance) for the conference/workshop in order for my reimbursement to be processed. [Reference Article 19]
- I will register myself for the professional meeting, visitation, conference or workshop, once I receive the PO information from the district.** I have attached the registration form with conference details. Upon approval from the appropriate district office department, a unit member may be entitled to reimbursement of expenses incurred as a result of attending a conference or workshop (mileage). Meals and hotel accommodations must be pre-approved and must be at the gsa.gov rate. I understand that I will have to submit evidence (receipt of payment and attendance) for the conference/workshop for my reimbursement to be processed.
- I will register myself for the professional meeting, visitation, conference or workshop. I am including a copy of the brochure or agenda with my request. I will be requesting reimbursement from the district to cover the registration fee of the conference.** I understand that I will have to submit evidence (receipt of payment and attendance) for the conference/workshop in order for my reimbursement to be processed. **This option should only be checked if there is not an option to pay by PO or district check.**

Superintendent/designee recommendation:  **Approved**  **Disapproved** Date \_\_\_\_\_

Reason(s) for denial \_\_\_\_\_

\_\_\_\_\_  
Signature of Superintendent/designee

When the District Office takes action, copies and/or an email will be sent to the principal/supervisor and the employee making the request.

\*If your grant allows additional reimbursement for other expenditures, you will need to complete an addendum for expenses.

<b>Office Use Only</b>	
Grant/Building Fund _____	Date _____
<b>Fund Coordinator</b>	
Requisition # Assigned _____	
Check # _____	Amount _____