

PICKERINGTON LOCAL SCHOOL DISTRICT

2018-2019  2019-2020  2020-2021

Request for Permission to Attend Athletic Conference or Clinic

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

Employee ID

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

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

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

\_\_\_\_\_  
(Name of athletic conference, workshop or clinic)  
at \_\_\_\_\_ on the following dates \_\_\_\_\_

THIS IS MY FORMAL REQUEST TO BE ABSENT FROM SCHOOL TO ATTEND THE **NON-REQUIRED**:

\_\_\_\_\_  
(Name of athletic conference, workshop or clinic)  
at \_\_\_\_\_ on the following dates \_\_\_\_\_

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. Should a unit member or an approved replacement not attend a conference or workshop, they will reimburse the district for the registration fee portion that was prepaid. [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 said conference or workshop in order for my reimbursement to be processed.

I will need a substitute for the following days\* \_\_\_\_\_  
Building will arrange for sub coverage

Athletic Supervisor recommendation:  **Approved**  **Disapproved** Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Building Athletic Supervisor

Director of Student Activities recommendation:  **Approved**  **Disapproved** Date \_\_\_\_\_

Reason(s) for denial \_\_\_\_\_  
\_\_\_\_\_  
Signature of Director of Student Activities

**\*All non-required clinics, workshops/conferences are at the expense of the participant, including the cost of a substitute teacher. Athletic clinic, workshop/conference approval forms are turned in to the athletic department. (Reference Article 9)**