

Request For Conference Leave Day MWCS

Conference requests must be made by: _____ Major Conferences (Oct. 1st & Feb. 1st)
Local Conferences: First day of the month

Route: Principal
Superintendent
One copy returned to one making request

Name _____

Date(s) of Conference _____

Purpose of Conference: (Brief Description) _____

For Professional Development tracking purposes, please attach copy of conference or workshop information to this request.

LIST OF EXPENSES:

Cost of Meals _____

Cost of Lodging _____

Mileage _____

Registration Cost _____ (Do Not Include Membership Fees)

Miscellaneous _____

TOTAL COST _____

A Written Report Must Be Submitted Prior To Payment

Date _____ Signature of Applicant: _____

Date _____ Signature of Principal: _____

Approved _____ Not Approved _____

Date _____ Signature of Superintendent: _____

Approved _____ Not Approved _____