

MID-VALLEY SPECIAL EDUCATION COOPERATIVE

REQUEST FOR ABSENCE AND PREAPPROVAL OF CONFERENCE OR PROFESSIONAL DEVELOPMENT EXPENSES

Please complete BOTH PAGES OF THIS FORM and submit it to your immediate supervisor. Requests should be made a minimum of two (2) weeks prior to the registration deadline. Except for group registration expenses, **each individual should complete and submit his/her own form below**. Complete this form for known absences even if no expenses are anticipated. Attach a completed registration form for the session. For groups, include the names of all attendees.

Name _____ Today's Date _____ School/Program _____

Name of Meeting/Conference _____ Purpose: _____

Date of Meeting/Conference _____ Location of Meeting _____

SUBSTITUTE NEEDED: ___NO ___YES If yes, # days? _____ Substitute Account # _____

If expenses are requested, complete all information in the box below before submitting. Unless you hear from your supervisor, you can assume that your request has been approved.

ATTACH THE REQUIRED CONFERENCE AND REGISTRATION INFORMATION TO THIS FORM

1. If ACTION is required by the business office, please complete all information in the box below before submitting.

CONFERENCE REGISTRATION (please check one):

I will register and pay for registration and submit for reimbursement (with receipt).

I will register and pay for registration with my P-card.

I will register for the conference and attach the back up. The business office will issue a Purchase Order to the following Company as soon as possible:

Name and address _____

Phone/Fax/or Email address: _____

I will register for the conference and attach the back up. The business office will issue a Check to the following Company as soon as possible or by _____ (please specify date).

Name and address _____

Phone/Fax/or Email address: _____

The following individuals will be registering for the same conference at a discounted rate:

ESTIMATED Travel Expenses Requested:

Estimated Expense Report										
Auto Travel Allowance .535 per mile; Meal allowance \$75/day										
Date	Mileage*		Comm. Travel Expense	Lodging	Meals			Other (Regis., cabs, etc.)		Daily Total
	Miles	Cost			Bkft	Lunch	Dinner	Item	Cost	

*Mileage to/from meeting/conference only, departing and arriving from Mid-Valley. It is separate from monthly mileage.

After the meeting/conference, SUBMIT THE EMPLOYEE EXPENSE REIMBURSEMENT FORM and original ITEMIZED receipts to the business office to request reimbursement for approved conference expenses.

2. Staff attending conference/workshop should select one of the follow-up activities below when submitting request.

I am willing to share what I learn at this conference/workshop in the following way(s):

Make a presentation on a SIP day.

Provide a written synopsis to all staff with an invitation to contact me for additional information.

Write an article for a newsletter on this topic.

Facilltate a lunch/discussion group on this topic.

Attend a debriefing session with other staff who attended this workshop/conference*

(*This option is required when three or more staff are attending a workshop/conference. A follow-up communication method will be determined at debriefing. Debriefing date selected by team attending: _____
 If you have another suggestion for sharing, please inform your supervisor.

3. Signatures

Signature of Staff Member	Date
Signature of Supervisor	Date

Account Number: _____