

**Sandy Creek Central School
Teacher Conference Request Form**

Name: _____ Grade/Dept: _____
(Only One Name Per Conference Form)

Conference Title: _____

Location: _____ Dates: _____
Times: _____

Sponsor: _____ Oswego BOCES Staff Development Offering*
*CIC Signature Required _____
Other: _____

I am attending as: _____ Individual Participant
_____ Part of a Group of Participants from SCCS
Participants are: _____

Registration: Registration for the Conference and necessary lodging will be completed by the District Office after conference approval.

NOTE: Dues in a professional organization are a personal expense.

_____ A copy of the registration form **MUST** be attached.
_____ Cost of conference \$ _____
_____ Meals (Estimated Cost) \$ _____
_____ Lodging: Arrival Date: _____
Departure Date: _____
Location: _____
Phone Number: _____
Sharing Room with: _____
Smoking _____; Non-smoking _____; No Pref. _____
Estimated Lodging Cost:..... \$ _____

Transportation: _____ I would prefer to use my own vehicle with no reimbursement.
_____ I would prefer to use the school vehicle. I understand that the Building Principal will check on the availability of the school Vehicle. (Principal please check below.)
_____ School vehicle available and reserved for you.
_____ School vehicle is NOT available. Mileage will be reimbursed.
Estimated miles _____ x \$.20 = \$ _____
_____ Tolls/Parking Estimated Cost \$ _____

Substitute: _____ Dates Substitute is Required: _____

Total Expenses: \$ _____

Conference expenses covered through _____
OVER

I hereby request approval for attendance at the conference described above, and estimate my expenses as set forth on side one.**

Date: _____ Teacher Signature: _____

**** Failure to attend an approved conference may result in your being financially responsible for pre-paid expenses that are not reimbursed upon cancellation of your reservations****

Routing Pattern: Please check and date each line as step is completed.

_____ Individual completes conference form and sends it to CIC Representative if necessary or Building Principal

_____ CIC Representative signs (If required)

_____ Building Principal Approval Signature: _____

_____ Workshop is aligned with PDP Plan

_____ Substitute funds are available

_____ Transportation request is completed

Subject to proof of attendance (provided by attendee), this conference qualifies for:

_____ hours of in-service credit for Professional Development
(Toward SED Requirement)

_____ hours in-service credit for salary payment
(completed beyond the regular school day)

_____ Superintendent Approval Signature: _____

_____ Business Office Notification

_____ Conference request is entered in PDP Database

_____ Conference registration is completed

_____ Lodging reservations are completed (if applicable)

_____ Copy of form is sent to Transportation Supervisor

_____ Copy of form is sent to Building Principal

_____ Copy of form is sent to individual

_____ Original form is filed in Business Office

_____ Building Principal Notifies Secretary to Arrange Substitute

_____ Substitute Arranged

_____ Form filed with Principal