

BARSTOW UNIFIED SCHOOL DISTRICT

Request for Conference/Workshop

Copies to:
___ Acctng
___ ISS
___ Other

DIRECTIONS FOR USING THIS FORM:

1. Please Fill out ALL Areas - IF NOT REQUESTED, PLEASE MARK "NA"
2. List dates and/or periods a substitute will be needed.
3. **This form must be received three (3) weeks prior to the conference/workshop dates.**

✍️ TO BE COMPLETED BY EMPLOYEE (Request for Conference Attendance Documentation MUST BE ATTACHED) ✍️

Name of Conference:	Date(s):	Location (City/State):
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A COPY OF THE COMPLETED REGISTRATION FORM FOR EACH INDIVIDUAL REQUESTING ATTENDANCE TO THE CONFERENCE/WORKSHOP, AND THE COMPLETE BROCHURE/FLYER MUST BE ATTACHED. ✍️

Date(s) of Conference	Substitute Needed? - Dates	Lodging Dates	Meals (Yes or No)	Registration Fee \$	Mileage (Yes or No)	List Name(s) of Drivers

Air Travel -Indicate preferred travel dates & times ✍️			Lodging Information - (Rooms are reserved as Single Occupancy, Non-Smoking) ✍️			
Departure	Date:	Time:	# of Rooms:	Rooms Assignments, for multiple attendees:		
Return	Date:	Time:				

	PAYROLL Name of Employee ✍️	Signature of Employee ✍️	City of Residence ✍️	School or Department ✍️	Job Title ✍️
1					
2					
3					
4					
5					
6					
7					

✍️ TO BE COMPLETED BY SITE PRINCIPAL/DEPARTMENT SUPERVISOR ✍️

Justification for Attendance to Conference/Workshop:			
Signature of Principal/Supervisor:	Date:	Funding Source:	Budget Code:

TO BE COMPLETED BY EDUCATIONAL SERVICES DEPARTMENT:

Approved Disapproved

Signature of Assistant Superintendent _____ Date _____
Educational Services Dept.

Board Approval Date: _____
Separate Board Agenda Item Required if Conference is Out of State, except Arizona and Nevada

<u>ED SERVICES (ESTIMATED COSTS)</u>	
Registration:	_____
Meals:	_____
Mileage:	_____
Lodging:	_____
Air Fare:	_____
Substitutes:	_____
Other costs:	_____
Estimated Total:	_____