MOUNT UNION AREA SCHOOL DISTRICT CONFERENCE REQUEST FORM

This form should be used for a request to attend a conference or meeting; do not submit a letter. This form must be submitted to the Office of the Superintendent, signed by your immediate supervisor ten (10) working days prior to the monthly board meeting. If you do not submit your request in the time indicated, you may lose your opportunity for the conference or meeting.

All conference or meetings are approved with the understanding that the trip may be canceled if substitutes are not available because of excessive demand.

Name of Emplo			Date:			
	(Offici	al name of confere	ance or descr	intion of me	eting)	
(Location	of Conference		Leave:	Date:	Time:	
Will miss teach	ing these dates	:			Time:	
(In	formation or b	enefits to be derive	ed from atter	nding confere	ence or meeting)	
		ion Area School I ne estimated exper			the applicable expenses. The meeting:	
Substitute(s):		X		days at	per day	
Mileage:		Total Miles		x		
Lodging/Meals NOTE: I		day(s) x per t for lodging/meal	-	ited to \$100.	00 per day	
Turnpike Tolls:		Parking:		Total:		
Registration:			Other:		Total:	
		(Explain Other f	ully on the li	ne below)		
					Total Cost:	
		necessary for all ex ve not furnished pr			expect to be reimbursed for	
(Signature of Employee)				(Signature of Supervisor)		
Approved:	Denie	d:				
School Board Meeting:				(Signature of Superintendent)		
Funding:	Title I	Title II	Elemen	tary	Secondary Admin	
	Other					