**WALLINGFORD-SWARTHMORE SCHOOL DISTRICT**

**PRE-APPROVAL FOR ATTENDING PROFESSIONAL DEVELOPMENT**

**Instructions: Complete this form for all types of professional development, no matter where they occur. Requests must be submitted to your supervisor well in advance because the approval process can take up to six weeks. Conference registration cannot take place until you receive this form back approved. You are responsible for registration. This completed form must be scanned to your absence entered in Frontline/AESOP.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Date Submitted Building Name of Employee Requesting Approval

Name of Conference/Meeting:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date(s) and Time of Conference/Meeting:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sponsoring Organization:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location of Conference/Meeting:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department/school paying for this conference:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for attending:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**ESTIMATED EXPENSE TO SCHOOL DISTRICT**

**All expenses that need to be paid by any district department/school must be estimated below. Estimated expenses not listed below will not be paid. If cost is zero, please indicate so.**

|  |  |
| --- | --- |
| **$** | Mileage: \_\_\_\_\_\_\_\_\_ miles @ \_\_\_\_\_\_\_\_\_ cents per mile (contact Business Office for rate) |
| **$** | Tolls and Parking |
| **$** | Food |
| **$** | Lodging |
| **$** | Registration |
| **$** | Other Expense (do not include substitute cost here) |
| **$** | **TOTAL** |
| **Yes No** | Substitute Required (cost will be determined by Human Resources) |

**After the conference, complete the Report of Conference Attendance form and submit to your supervisor. Complete the Reimbursement for Attendance at Professional Meeting form and submit to the school/department paying for the conference.**

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 For Office Use Only:

 Approval Paid For Out of Your Budget?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Yes No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Principal or Supervisor Date Budget Code

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Yes No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Director of Education/Special Education Date Budget Code

Report of Conference Attendance Required Yes No

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Board Approval Required (Date\_\_\_\_\_\_\_\_\_\_\_) Yes No

Superintendent or Asst. Superintendent Date

11/2022 draft Reviewed by H.R. \_\_\_\_\_\_\_\_\_\_\_\_.