



REQUEST TO ATTEND MEETINGS, WORKSHOPS, OR CONFERENCES FORM

THIS FORM IS USED FOR ATTENDANCE AT MEETINGS, WORKSHOPS, OR CONFERENCES (ANY OUT OF BUILDING/CLASSROOM ACTIVITY) INCLUDING ONLINE/ZOOM EVENTS. THIS REQUEST SHOULD BE SUBMITTED AT LEAST THREE WEEKS PRIOR TO THE DATE OF THE ACTIVITY. PLEASE COMPLETE THIS FORM AND SUBMIT IT TO YOUR BUILDING PRINCIPAL/SUPERVISOR. YOU ARE RESPONSIBLE FOR REGISTRATION AFTER THIS FORM HAS BEEN APPROVED. SUBMIT A "STATEMENT OF REIMBURSABLE EXPENSES" FORM AFTER ATTENDING THE EVENT. COPIES OF ITEMIZED RECEIPTS ARE REQUIRED TO RECEIVE REIMBURSEMENT.

ATTACH A COPY OF THIS FORM TO ANY/ALL SUBSEQUENT PAPERWORK.

STEP 1: COMPLETED BY ATTENDEE	NAME: _____ DATE OF REQUEST: ____/____/____ SCHOOL: _____ ASSIGNMENT: _____ TITLE OF MEETING, WORKSHOP, OR CONFERENCE: _____ <i style="font-size: small;">Attach a brochure or agenda for the event if available.</i> LOCATION: _____ DATE OF EVENT: ____/____/____ NO. OF WORK DAYS INVOLVED: _____ SUBSTITUTE NEEDED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES: <input type="checkbox"/> FULL DAY <input type="checkbox"/> HALF-DAY AM <input type="checkbox"/> HALF DAY PM NAME OF PRE-ARRANGED SUBSTITUTE (IF APPLICABLE): <input type="checkbox"/> CUSTOM _____ _____ <div style="text-align: right; font-size: x-small;">(IF YOU TRAVEL TO MORE THAN ONE BUILDING, PLEASE INDICATE WHERE YOUR SUBSTITUTE SHOULD REPORT & PROVIDE SPECIFIC HOURS.)</div>																					
STEP 2: COMPLETED BY ATTENDEE	ESTIMATED COST TO DISTRICT: <table style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 40%;">REGISTRATION</td><td style="width: 10%;">\$</td><td style="width: 50%;">_____</td></tr> <tr><td>SUBSTITUTE COST</td><td>\$</td><td>_____</td></tr> <tr><td>MILEAGE</td><td>\$</td><td>_____</td></tr> <tr><td>MEALS</td><td>\$</td><td>_____</td></tr> <tr><td>LODGING</td><td>\$</td><td>_____</td></tr> <tr><td>OTHER</td><td>\$</td><td>_____</td></tr> <tr><td>ESTIMATED TOTAL COST:</td><td>\$</td><td>_____</td></tr> </table> <div style="text-align: right; padding-top: 10px;"> This form should not be submitted for payment. Submit a "Statement of Reimbursable Expenses" AFTER attending your conference/meeting. </div>	REGISTRATION	\$	_____	SUBSTITUTE COST	\$	_____	MILEAGE	\$	_____	MEALS	\$	_____	LODGING	\$	_____	OTHER	\$	_____	ESTIMATED TOTAL COST:	\$	_____
REGISTRATION	\$	_____																				
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LODGING	\$	_____																				
OTHER	\$	_____																				
ESTIMATED TOTAL COST:	\$	_____																				
STEP 3: COMPLETED BY BUILDING ADMINISTRATOR	RECOMMENDED FOR APPROVAL: <input type="checkbox"/> YES <input type="checkbox"/> NO REASON IF NOT APPROVED: _____ _____ SIGNED: _____ <div style="text-align: right; font-size: x-small;">(BUILDING PRINCIPAL/SUPERVISOR)</div>																					
STEP 4: COMPLETED BY DISTRICT ADMINISTRATOR	<p style="text-align: center;">SELECT ONE CATEGORY TO ACCOUNT FOR DAYS USED:</p> <input type="checkbox"/> TITLE _____ <input type="checkbox"/> Building _____ <input type="checkbox"/> Director _____ <input type="checkbox"/> Neenah with Pride _____ <input type="checkbox"/> REQUEST APPROVED WITH FULL EXPENSES <input type="checkbox"/> REQUEST APPROVED WITH PARTIAL EXPENSES (LISTED): _____ <input type="checkbox"/> REASON IF DENIED: _____ _____ SIGNED: _____ <div style="text-align: right; font-size: x-small;">(DISTRICT ADMINISTRATOR)</div>																					

*******SUBMIT THIS FORM TO THE ABSENCE MANAGEMENT COORDINATOR WHEN COMPLETED*******