## 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 Employ			Date:			
	(Offici	al name of confer	rence or descr	ription of m	eeting)	
(Location of Will miss teaching	e or Meeting)	Leave:	Date:	Time: Time:		
(Info	ormation or b	enefits to be deriv	ved from atter	nding confe	rence or meeting)	
I am requesting the following is a break					r the applicable expenses. The meeting:	
Substitute(s):		X		days at	per day	
Mileage:						
Lodging/Meals: NOTE: Re		day(s) x per t for lodging/mea	-	ited to \$100	).00 per day	
Turnpike Tolls:			Parking:		Total:	
<b>Registration:</b>			Other:		Total:	
		(Explain Other	fully on the li	ine below)		
					Total Cost:	
I understand that those expenses for					ot 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					