

CICERO SCHOOL DISTRICT 99

APPLICATION FOR APPROVAL OF ATTENDANCE FOR A PROFESSIONAL CONFERENCE/WORKSHOP

Please see reverse side of this form for Conference/Workshop Procedures.

Number of workshops attended

this school year _____

Number of Subs requested

for given day _____

Source of Funding: _____

Project Code: _____

ADMINISTRATIVE USE ONLY

Date of Application _____

Teacher Substitute Needed (please circle) Yes No

Name of Staff Member _____

Building _____

Grade and Position _____

Title of Meeting _____

Offered by _____

Date(s) of Workshop _____

Address and City _____

Meeting/Workshop Only

- | | | | | |
|---|--------------------------------------|---|---|-------|
| 1 | Transportation: | Auto (Mileage to and from Cicero or your home, whichever is shorter) _____ x \$.54.5 a mile (subject to change per IRS) | = | _____ |
| | | (Mileage that would be in excess of your regular commute from your home to Cicero.) | | |
| | | Your address: _____ | | |
| 2 | Parking Fees: | _____ | = | _____ |
| 3 | Other (specify) | _____ | = | _____ |
| | | _____ | | _____ |
| 4 | Registration Fees: | | = | _____ |
| 5 | Total Estimated Workshop Cost | | = | _____ |

If you are requesting reimbursement for a workshop which offers course credit, a course approval form must be completed and submitted at the same time.

Check only one of the following:

Workshop Reimbursement Only

☐ 100%

Upon completion, submit an *Expense Report* with original receipts and summary.

Workshop and Course Tuition Reimbursement

☐ 75%

Upon completion, submit a *Request for Reimbursement* with original receipts and grade report.

How will you Share this Knowledge: _____

Signatures of Approval to be Accumulated in Order of Appearance

Principal/Supervisor

Approval _____

Program Director

Approval _____

Date _____

Funding Director

Approval _____

Date _____

Assistant Superintendent

Approval _____

Superintendent

Approval _____

Date _____

Denied _____

Date _____

Reason for Denial:

☐ Maximum Number of Substitutes Requested For This Date

☐ Late Submission

☐ District Offers Similar Training

☐ Other _____

☐ Does Not Meet District Initiatives

☐ Representative For The District Already Approved

☐ Staff Member Already Has Attended A Workshop This Year

REIMBURSEMENT WILL NOT BE GIVEN BEYOND 10 CALENDAR DAYS OF CONFERENCE/WORKSHOP DATE