**Tolland Public Schools**

**Request to Attend a Professional Meeting**

This form is to be completed in its entirety individually by any staff member who is anticipating attending any professional development activity in or outside the district.

**Workshop registration and/or attendance can occur only after approval from the curriculum office. Once you have received approval, please be sure to log on to *Aesop* to request a substitute for your absence.**

|  |  |  |
| --- | --- | --- |
| **Name:**  | **School:**  | **Current Date:** |
| **Professional Development Meeting**  **Date:**  **Start Time:       a.m. or p.m.** (please circle) **Finish Time:       a.m. or p.m.** (please circle) | **Position:**  |
| **Purpose/Title of Activity:**  | **Location:**  |

Complete the following if you are expecting **any** payments by the Board of Education:

|  |  |  |
| --- | --- | --- |
| **Substitute?** [ ]  Yes [ ]  No(Please clear through your Principal.) | Payments/Estimates | Office Use Only |
| 0100.2213.121.90.188.1  |
| **Registration?** [ ]  Yes [ ]  No | Amount:       | 0100.2213.326.90.770.1 |
| **Mileage?**  [ ]  Yes [ ]  No | Anticipated Miles:       |       |
| **Other? (i.e., tolls, hotel)** | Amount:       |       |
| Total Funds: |  |  |

**(If Payment is needed) Employee/Vendor Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **(If Payment is needed) Employee**/**Vendor Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Check One** How do you expect these expenses to be managed?

[ ]  Once I make a request to the Principal and he/she gives their approval and the curriculum office also approves this request, I will receive an approval from the curriculum office to register and/or a purchase order number to use to register. **After approval,** **I will mail in my registration or register on-line using this number or my own funds.** *(****Note****: Registering before complete approval may result in the need to cancel your workshop and/or pay for the workshop yourself. You should document email approval.)* If I receive an invoice, I will send it to the Board of Education after I have attended the conference/workshop. If there are other requested expenses, I will keep my receipts, document any mileage through “MapQuest” and then ask for reimbursement using the “Request for Reimbursement for School Connected Expenditure” form. I will send the mileage reimbursement request to the BOE along with the “MapQuest” printout. Other reimbursements need to have been approved prior to registration and their request for reimbursement sent to the curriculum office. I know the reimbursement forms must be sent within two weeks or expenses will be cancelled.

[ ]  Other-Explain: \_\_\_Click here to enter text.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Additionally:**

[ ]  The agency sponsoring the workshop has stated that advanced payment is needed in order to secure my registration.

 (If this is true, make sure this form is submitted at least 2 weeks in advance).

**APPROVALS**

Principal: [ ]  Yes, a must \_\_\_\_\_\_ [ ]  Yes, if CD supported \_\_\_\_\_\_ [ ]  Cannot approve at this time \_\_\_\_\_\_

Curriculum Director: [ ]  Yes \_\_\_\_\_\_ [ ]  Cannot approve at this time \_\_\_\_\_\_

Business Office/Superintendent**:** [ ]  Yes \_\_\_\_\_\_ [ ]  Cannot approve at this time \_\_\_\_\_\_