

OFFICE OF THE SUPERINTENDENT
AMITYVILLE UNION FREE SCHOOL DISTRICT

4151.41a

REVISED - CONFERENCE REQUEST FORM

(Print or Type)

NAME: _____ TODAY'S DATE: _____

BUILDING ASSIGNMENT: _____ DEPARTMENT: _____

DATE (S) OF CONFERENCE: _____ PLACE: **TEACHERS COLLEGE**

CONFERENCE TITLE: _____

SPONSORING AGENCY: _____

CONFERENCE THEME, SUBJECT AREA, OR OTHER DESCRIPTIVE STATEMENT: _____

REASON FOR ATTENDANCE: **To increase my knowledge of literacy practices materials to support student learning and to share with colleagues**

ESTIMATED TOTAL COST: **Conf. = \$70.00** CODE NUMBER: _____
Travel = \$50.00

PLEASE CHECK BOX THAT CLASS COVERAGE HAS BEEN ARRANGED: **X**
(you must have class coverage in order to attend conference)

I understand that I may be asked to make an oral report to the Board of Education and the Community during a Board of Education regular meeting.

(Requestor's Signature)

Recommended: _____ Do not recommend: _____

(Immediate Supervisor's Signature)

(Date)

Recommended: _____ Do not recommend: _____

(Principal's Signature)

(Date)

Approved: _____ Disapproved: _____

(Assistant Superintendent for Curriculum and Instruction)

(Date)

Requestor: After form has been signed by your Immediate Supervisor and Principal, please forward to the Office of the Assistant Superintendent for Curriculum and Instruction for processing.

MO:lb

9/12/89, 10/21/92, 12/2/92, 7/12/93, 1/23/98, 12/22/99, 3/10/00, 12/5/08, 7/2/15