



WEST BRANCH AREA SCHOOL DISTRICT

Conference/Workshop/Visitation Application

Name _____ Date _____

Name of Conference/Workshop _____

Location _____ Date _____

*Provider of Workshop _____

Check One:

Teacher Requested Professional Activity Administrative Assigned Professional Activity

Professional Growth To Be Gained (Check one):

<input type="checkbox"/> Special Education	<input type="checkbox"/> Classroom Management/Instruction	<input type="checkbox"/> Curriculum
<input type="checkbox"/> Administrative	<input type="checkbox"/> Assessment and/or PSSA	<input type="checkbox"/> Data Interpretation/Analysis
<input type="checkbox"/> Technology	<input type="checkbox"/> Grants	<input type="checkbox"/> Other _____

State specific purpose of conference to address professional growth area circled above.

Upon completion of conference, please submit a copy of the session agenda with your Expense Voucher.

Funding Source:		
<input type="checkbox"/> TITLE I		
<input type="checkbox"/> TITLE II		
<input type="checkbox"/> GRANT - _____		
<input type="checkbox"/> OTHER - _____		
Transportation		
School Vehicle Used	YES _____ NO _____	
If no, give reason _____		
Personal Vehicle Used	YES _____ NO _____	
Reimbursement (Mileage)		
Requested	YES _____ NO _____	
Travel Accompaniment		
Self only _____		
Other staff attending same conference:		
1. _____	2. _____	3. _____

Registration Fee _____	
Motel _____ (# of days x daily rate) _____	
Meals _____ (Approx. # and cost) _____	
Mileage _____ (# of miles x .72.5) _____	
Materials _____	
Sub Cost _____ (# days x \$110.00) _____	
Other _____	
TOTAL COST _____	

Principal/Supervisor Signature _____ Date _____

Request for Leave: _____

Entered into SAMS

Date: _____

NOTE: Application and all registration forms must be completed and attached before submitting to principal for approval. Forms must be filed before Board meeting agenda deadline.

APPENDIX E2