



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:

- ☐ TITLE I
☐ TITLE II
☐ GRANT - _____
☐ 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 _____

Superintendent 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