

Conference/Personal/Sick/Vacation Leave Request Form

Name: _____ Today's Date: _____

Reason for request: _____ Conference: _____
Personal: _____
Sick Leave: _____
Field Trip: _____
Vacation: _____

Conference Title/Location: _____

Description/Purpose: The NCLB act requires all public school personnel to take part in high quality professional development that is consistent with the goals of their Professional Development Plan (PDP). Effective professional development must be grounded in scientifically based research, should enhance instruction and produce a measureable affect on student academic achievement. Please indicate how your attendance at this conference will enhance your professional development and impact student performance.

Requested date(s): _____

Number of substitute days needed: _____
(Please specify full/half days or exact times/periods)

Will you need a school vehicle? Yes _____ No _____
If yes, please be sure to fill out a **Transportation Request** form.

Expenses: Registration: \$ _____ Please **attach** any and all forms to be sent in.

Other: \$ _____ Receipts required.

Your request has been: Approved _____ Denied _____	
Your request has been modified as follows: _____	
Supervisor _____	Superintendent _____
Your Substitute is: _____	

To: All Faculty and Staff
From: Patterson R. Green, Superintendent
Date: March 19, 2009
Re: Conference Leave Requests

Attached please find a revised conference leave request form. The form was revised, asking for specific information regarding conferences so that we can organize and document information for the New York State Department of Education. All requests must be documented on this new form or the request will be returned to you. Thank you for your cooperation in this matter.