



YALE PUBLIC SCHOOLS – REQUEST FOR PERMISSION TO ATTEND CONFERENCES

THIS FORM MUST BE SUBMITTED AT LEAST 7 DAYS PRECEDING THE MEETING.

EMPLOYEE NAME: _____ DATE: _____

TYPE & NAME OF CONFERENCE: _____

LOCATION: _____ DATE: _____ TIME: _____

OTHER LOCAL TEACHERS ATTENDING: _____

ANTICIPATED EXPENSES:

TRANSPORTATION	MILES		\$
MEALS	NUMBER		\$
LODGING	NIGHTS		\$
REGISTRATION			\$
OTHER			\$

PRINCIPAL'S SIGNATURE: _____

Approved for funding: _____ Total Amount: _____

Recommended funding from General Fund: _____

Recommended funding from Grant: Name of Grant: _____ Amount: _____

Approved: Not Approved: Reason: _____

Comments: _____

Superintendent/Assistant Superintendent Signature

Date

Copy To:
Assistant Superintendent
Business Office
Building Office
Employee