## Troy Area School District Training/Conference Request Form

## Please Note - form must be **submitted and approved** before you register for the conference.

## Please obtain approval at least 4 weeks before the conference.

Employee Name			
Name of Conference			
Date(s)			
Location			
Reason for Attending:			
I	Training	Conference	
Approximate Cost:			
Registration			
Mileage (include round trip miles) *			
Lodging			
Meals **			
Substitute Costs***			
Other****			
Total	\$	. <u> </u>	

\* - Multiply the number of total round trip miles by .67 (IRS approved rate).

\*\* - Itemized receipts must be submitted in order to be reimbursed, exclude any alcohol.

\*\*\* - Multiply the number of days by \$166.75 per day for teachers/nurses/LPN's and \$112.07 per day for paraprofessionals.

\*\*\*\* - For example, includes parking fees, turnpike fees, etc.

The following must be submitted after attendance at conference only:

1. A written report to the principal. This report will be copied and sent to the school board. Please include in the report how you will embed the information learned at the conference into your classroom practices. What differences would one expect to see in your classroom as a result of the training? How will the information learned at the conference impact the students at TASD?

2. A copy of this form along with a requisition form and receipts of expenses incurred

3. (Aides Only) - Documentation from provider that certifies professional development hours.

4. Please attach the brochure/information describing the conference/workshop.

Employee's Signature	Date		
		Recommended	Not Recommended
Reviewed by Principal	Date		
Reviewed by Director of Support Services	Date		
			•
Reviewed by Business Manager	Date		
Approved by Superintendent	Date		
Rejected because:			

\*\*After the conference, please submit receipts and a copy of this approval form with the completed reimbursement request to the Business Office