

# Conference / Curriculum Request

*This form must be completed by each employee prior to conference or curriculum work.*

Last Name:  First Name:  Today's Date:

Primary Building:  Department/Grade Level:  Preferred Contact Number:

## General Request Information:

I have been requested to complete this curriculum work / attend this conference. Requested By:

I am interested in completing this curriculum work / attending this conference.

Start Date:  End Date:  Time(s):

**Conference** *Please attach all supporting paperwork (i.e fliers, registration forms, agendas)*

Conference Title:

Event Sponsored by:  Sub Days Required:

Location / Address:

### Estimated Cost:

Registration:

Meals:

Lodging:

Travel:

Tolls:

**Total Cost:**

**Summer Curriculum Work**

Pre-Conference Date with Supervisor:  Estimated No. of Paid Hours:

On-Site Work Area (all curriculum work must take place on site):

*You will be compensated for summer curriculum work upon completion of the Review form.*

## Conference / Curriculum Request Detail:

**Event / Activity Brief Description:**

**Instructional Purpose as it is Aligned to the Students & how you will Share with Colleagues:**

### OFFICE USE ONLY:

Funding Approved:

Supervisor's Signature:

CoSer 526  Cross Contract

Superintendent's Signature: