MANHASSET SCHOOL DISTRICT  
Manhasset, New York 11030  

CONFERENCE REQUEST FORM  
(SUBMIT ONE COPY OF THIS REQUEST FORM)  

Use this form for obtaining prior approval for attendance at all professional conferences, workshops, curriculum projects, SCA meetings, CAC meetings, DCSE meetings, and/or any other absence from regular assigned duties where participation in the professional activities is related to employment in the District.  

PLEASE ATTACH ANY DESCRIPTIVE MATERIAL ABOUT THE CONFERENCE TO THIS REQUEST.  

NAME:_________________________________________________________  
SCHOOL:_________________________________________________________  

TITLE/GRADE OR SUBJECT:___________________________________________  

CONFERENCE LOCATION:_____________________________________________  

DATE(S) OF CONFERENCE:_____________________________________________  

SPONSOR OF CONFERENCE:_____________________________________________  

TITLE OF CONFERENCE:_______________________________________________  
SUBSTITUTE NEEDED: ____Yes ____No NAME OF SUBSTITUTE: _____________________  

ESTIMATED COSTS RELATED TO ATTENDANCE AT CONFERENCE:  

<table>
<thead>
<tr>
<th>Lodging:</th>
<th>IMPORTANT NOTES AND PROCEDURES:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meals:</td>
<td>Please itemize “other expenses” and add any comments below about the costs related to attendance at this conference.</td>
</tr>
<tr>
<td>Registration:</td>
<td>Reimbursement for meals is limited to $10 for breakfast, $15 for lunch, and $25 for dinner.</td>
</tr>
<tr>
<td>Other Expenses:</td>
<td>Please submit all documentation (original receipts only) regarding reimbursable expenses to the Business Office as soon as you return to the District.</td>
</tr>
</tbody>
</table>

| TOTAL: |  

Relevance of Conference to Present Assignment: ________________________________  

Follow-Up Procedures: In the spaces provided below, please indicate how your attendance at the conference will be shared with your colleagues (for example, through a presentation at a grade-level meeting, department meeting, faculty meeting, Superintendent’s Conference Day Workshop, in-service offering, etc.). Give dates, times, and places where known.  

________________________________________________________________________  

________________________________________________________________________  

________________________________________________________________________  

APPLICANT’S SIGNATURE: ____________________ DATE SUBMITTED: __________ 

APPROVED: ____________________  

COORDINATOR/DIRECTOR  

APPROVED: ____________________  

PRINCIPAL  

APPROVED: ____________________  

BUSINESS OFFICIAL  

APPROVED: ____________________  

SUPERINTENDENT  

Adopted: May 19, 2005  
Amended: April 12, 2007