

WORKSHOP/CONFERENCE REQUEST
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Complete items 1-3 below and submit to your supervisor.

1. Complete the workshop registration form you received from the company/school (vendor) providing the workshop and attach to this request. A separate form for each staff member is required.
2. Complete the Workshop/Conference Request information below (page 1).
3. Complete the Workshop Requisition (page 2).
4. **When completed, submit to your supervisor.** Your approved workshop/conference will be entered on the next Board agenda for approval by the Board of Education. Remember forms have to be submitted **60 days** before the workshop date.
5. The approved forms will be sent to Accounts Payable by your supervisor for processing. **Do not assume you are registered until you receive confirmation from Zayra Garcia. Check with the vendor before you attend to be sure you are registered.**
6. Upon receiving Board approval and confirmation from Zayra, enter your absence into Absence Management (Aesop) as "PD In-Out of District". In the notes section include the title and location of the workshop.

NOTE:

- *If you attend a workshop without following these steps and have not received registration confirmation from Zayra and the district is billed, you will be responsible for the cost.*
- *In addition, you will not be reimbursed if you register and pay for a workshop yourself and attend without prior approval.*

Today's Date _____ Workshop Date(s): _____ Hours: _____ Cost: _____

Staff Member's Name: _____

Workshop Title: _____

Workshop Location: _____

If using grant funds, specify by circling: Title I Title II Title IV or IDEA

NO LATER THAN 5 DAYS AFTER THE WORKSHOP: Complete the "Travel Report", summary of the workshop, available on our website under staff forms. Mileage and other related approved expenses **will not** be paid until a Travel Report is submitted by **each** staff member (if you are carpooling, please notify the business office). Once completed, reimbursement will be automatically issued.

I approve of the workshop described above. The budget line: _____

Principal/Director's Signature _____ **Date:** _____

OFFICE USE ONLY

Board Approval Date:	Submitted to Business Office:	Business Adm. Approval:	Superintendent Approval:
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WORKSHOP REQUISITION
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VENDOR NAME:	Attach registration form from vendor for the workshop
ADDRESS:	
PHONE:	
EMAIL/FAX:	
ORDER DESCRIPTION:	Workshop Registration Request
ORDERED BY (Staff Name):	
DATE OF REQUEST:	

DISTRICT

STEVENSON

CHURCHILL

Workshop Title:	
Workshop Date(s):	
Workshop Location:	
Cost of Registration (ATTACH DOCUMENTATION):	\$

BUSINESS OFFICE USE ONLY

Lodging (paid directly to hotel)	
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Employee Reimbursement

Mileage	
Tolls	
Meals & Incidentals	
Other	
TOTAL	

PRINCIPAL/DIRECTOR USE ONLY

Instructions:				
Account Codes:	If Grant, please specify by circling below:			
	Title I	Title II	Title IV	IDEA
Principal/Director's Signature:	Date:			

REQUISITIONS WILL NOT BE APPROVED UNLESS ALL INFORMATION IS FILLED IN CLEARLY.

For questions regarding requisitions, please contact Zayra Garcia at 973-227-1340 ext. 6, garciaz@fpsk6.org or if calling directly from your building dial x 2111.