WILLIAMSON CENTRAL SCHOOL DISTRICT
REQUEST FOR CONFERENCE ATTENDANCE

ALL STAFF MEMBERS MUST FILL OUT THIS FORM WHENEVER THEY ATTEND
A CONFERENCE OR WORKSHOP DURING THE SCHOOL DAY OR WHEN THE DISTRICT IS
TO PAY FOR SOME OR ALL OF THE COSTS OF ATTENDING A CONFERENCE.

DIRECTIONS:

Building approved Conference Attendance Form needs to be submitted to the District Office at least 10 days prior
to the registration deadline.

1. Conference Attendance Form needs to be signed by staff member, approved by the building principal, and have
conference/workshop registration information filled out and attached. (Note: conference registration form should
include the date, price, location and method of payment required for the conference.)

2. Upon Building Principal approval, conference form and registration information is submitted at least 10 days prior
to conference for the Superintendent’s approval.

3. Upon Superintendent approval, form and registration will be sent to the Business Office for processing. Final copies
will be sent to Staff Member, Building Principal and kept on file at the District Office.

STAFF MEMBER _______________________________  BUILDING _______________________

CONFERENCE ________________________________  LOCATION _______________________

DATE(s) ______________________________________  My Role at Conference (circle one):
TIME ________________________________________  Participant or Presenter

Names of other staff members attending the conference __________________________________________
(Multiple attendees’ forms MUST be submitted together)

Person coordinating group attendance to this conference ________________________________________

EXPENSE ESTIMATES

Staff member must fill out this section in full. Tax is not reimbursable, exempt forms are available at the District Office.

Transportation (School car must be used if available):  SCHOOL CAR AVAILABLE: YES ____ NO ____

PERSONAL CAR:  YES ____ NO ____

TOTAL MILES: _______ x ______ = $ _______

ESTIMATED MEAL EXPENSE $ __________

LODGING $ __________

REGISTRATION FEE $ __________

TOTAL ESTIMATED EXPENSES $ __________

I understand that all approved expenses listed above not paid by the school district will be paid by me and reimbursed after
I submit a Reimbursement Conference Attendance Request Form.

Staff Member ___________________________________________  Date ________________

Building Principal Approval ___________________________________________  Date ________________

Superintendent Approval ___________________________________________  Date ________________

Budget Code __________________________________________

Send approved, completed forms to the Superintendent’s Office