

Lane Education Service District
REQUEST TO ATTEND STAFF DEVELOPMENT/PROFESSIONAL DEVELOPMENT

Employee Name: _____ Date Submitted: _____

Name of Event: _____

Dates Attending: _____ Event Location: _____

Sponsoring Org(s): _____

A. Please state briefly the specific professional development goals/skills that you expect to attain from this event:

B. Please state briefly your expectations concerning professional contacts you may make at this event:

C. Are you taking a leadership role at this event? (Include session title for your presentation):

Expected Costs (Itemized receipts are required for all expenses):

Sub Needed? Yes/No _____

Travel Advance Needed? (by special request to supervisor) Yes/No _____

Registration: \$ _____

Travel Type(s) needed:

Personal Vehicle: Est. # Miles for reimbursement: _____ x current rate = \$ _____

District Vehicle: Estimated # Miles: _____ \$ _____

Rental Car: Estimated # Miles: _____ \$ _____

Airfare or Train? _____ \$ _____

Shuttle or Taxi?: _____ \$ _____

Parking: _____ \$ _____

Meals (Estimated total for all days) _____ \$ _____

Lodging # of nights: _____ \$ _____

TOTAL COST: \$ _____

Budget Account #: _____

Employee's Signature

Supervisor's Signature

Superintendent's Signature (if out-of-state request)

(Request must be approved prior to registration)

SPECIAL EDUCATION CLASSROOM STAFF: If this activity takes you from your normal assignment, create an absence in AESOP after this form has been approved, and select "conference leave" type