REQUEST TO ATTEND PROFESSIONAL MEETING

Union Elementary School District No. 62

\*(Absence Request **MUST** be **ENTERED** into AESOP and TCP 4-6 weeks prior)

***INSTRUCTIONS: Type all information – Type text by clicking in gray area of designated text entry…..Click in box to select: click a second time in box to de-select…..Click on “choose an item” to produce arrow for menu selection and then click on selection.***

Copy of program, agenda, etc. is attached. Choose an item.

* Absence Request in entered into AESOP. Choose an item.

[ ]  Out-of-state travel / requires approval of the Governing Board

[ ]  In-state overnight travel / requires approval of Superintendent.

|  |  |  |
| --- | --- | --- |
| Name: | Position:  | Substitute Required:  |
| Location: | Date:  |   |

**Period of Absence:**

**Departure Date:** Click or tap to enter a date. **Time:** **Return Date:** Click or tap to enter a date.     **Time:**

**Funding Source:** Click or tap here to enter text.

**Name of Conference / Description of Meeting:** Click or tap here to enter text.

What is the purpose ant anticipated value to the District which will be derived from attendance?

How will you share information gained with others?

**Location of Conference / Meeting (Place, Address, City, State, and Zip:** Click or tap here to enter text.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Associated Costs: Check Where Applicable | District Expense (attach P.O. Requisition) | Personal Expense with Reimbursement (attach P.O. Requisition) |   | Estimated Cost |
| Meals / Lodging: |   |   |   | **$** |
| Registration Fees: |   |   |   | **$** |
| Transportation: | District Vehicle (attach vehicle request form) | Personal Vehicle | Commercial Carrier | **$** |

|  |  |  |
| --- | --- | --- |
| **APPROVED** |  | **APPROVED SIGNATURES** |
|  |  |  |
| YES NO |  |   |
|  |  | Supervisor Date of Action |
| YES NO |  |   |
|  |  | Principal/Supervising Administrator Date of Action |
| YES NO |  |   |
|  |  | Superintendent, if necessary Date of Action |
| YES NO |  |   |
|  |  | Governing Board Action, if necessary Date of Action |