

APPLICATION FOR RELEASE TIME
(Attendance of Conference Related to Work)

REVISED 01/16/15

Employee Name: _____ Date of Conference: _____

Specific title of conference/workshop: _____

Location (city) of conference/workshop: _____

Briefly describe the subject matter of conference/workshop and how it relates to your position:

Is overnight stay required? Yes No If one day seminar, is lunch included in registration fee Yes No

Do you wish for your registration to be **paid for and completed** directly by the district? Yes No
(If yes, please attach registration information.)

Estimated **employee** expenses:

Registration \$ _____ Do you wish to **register yourself** and be paid directly from the district? Yes No
(Please attach registration information.)

Room \$ _____ # of nights _____ (Be sure to include total amount including hotel/motel tax*.)
*PLEASE NOTE: School Districts are not charged tax. If you pay with personal payment you will be charged taxes. We DO NOT reimburse for taxes, but would be happy to make arrangements for payment by the district so no taxes will be charged.

Mileage _____ (you will be reimbursed at the current IRS rate per mile)

Other \$ _____ (Parking, etc.)

Total \$ _____ (To be completed by Fiscal Office)

To be completed by Fiscal Office Representative:

Per diem \$ _____ (Per diem location _____.)

Grand Total \$ _____

EXPENSES WILL BE LIMITED TO THE AMOUNTS ESTIMATED ABOVE. REIMBURSEMENT WILL BE MADE ONLY UPON COMPLETION OF A REQUEST FOR REIMBURSEMENT FORM WITH REQUIRED RECEIPTS.

This application is made in accordance with Board of Education policy and is written within the limits set by the policy.

Date Signature of Employee

Approval recommended _____ Approval NOT recommended _____

Date Signature of Principal

Approved _____ NOT approved _____

Date Signature of Superintendent

Substitute _____