

TEACHER CONFERENCE REQUEST  
ALTOONA AREA SCHOOL DISTRICT

**EVERY PERSON REQUESTING THE CONFERENCE MUST COMPLETE THIS FORM.**

**INSTRUCTIONS**

**PLEASE NOTE**

**“No more than three (3) days out of the District per person per year will be approved for conferences, unless specifically assigned to attend by the Assistant Superintendent.”**

- 1. ALL information must be complete or this form will be returned to you.**
- 2. After** your principal/supervisor approves the request **AND** your funding is in place, completed forms should be sent to the **Assistant Superintendent’s Office**.
- You must secure an **approval signature** of the person responsible for funding or this form will be returned to you.
- If funding will be through the Professional Development Committee you must submit this conference request form to the AAEA Office to confirm funding, secure an account number, **AND** obtain authorized signature.
- For Board Approval, “more than 3 days” **includes** weekends.
- If Substitute is needed: Please be sure to indicate whether any of the days are in-service days or days in which no substitute is needed. You must verify within the AESOP system that conference days have been recorded by the AESOP Coordinator **prior** to the date of the conference.

**Check One:**

- 3 days or less and within the State of Pennsylvania (Assistant Superintendent Approval)**  
 **More than 3 days and/or out of the state of Pennsylvania (Board Approval Required)**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Building: \_\_\_\_\_ Subject or Grade: \_\_\_\_\_

Conference Title/Sponsor: \_\_\_\_\_

Educational Objectives: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Conference Date(s)(include travel dates): \_\_\_\_\_ Conference Time: \_\_\_\_\_

Location of Conference: \_\_\_\_\_

School Day(s) Requested:  Monday  Tuesday  Wednesday  Thursday  Friday

Do you require a Substitute?  No  Yes  Full Day  ½ day – AM  ½ day – PM

If yes, which days?  Monday  Tuesday  Wednesday  Thursday  Friday

Name(s) of Others Attending: \_\_\_\_\_  
\_\_\_\_\_

**Principal/Supervisor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**FUNDING AUTHORIZATION**

Funding Source:  Professional Development Committee  Federal  Special Education  
 Other \_\_\_\_\_

Account Number: \_\_\_\_\_

Account Number for Substitute: \_\_\_\_\_

**Signature of person authorizing funding:** \_\_\_\_\_

**Costs:**

Registration Fee: \$ \_\_\_\_\_

Lodging: \_\_\_\_\_ x \_\_\_\_\_ = \$ \_\_\_\_\_  
# of days cost

Meals: \$ \_\_\_\_\_

Type of Travel:  Personal Vehicle (see mileage calculation below)  
 School Van ( You are responsible for making the arrangements through Transportation)

Mileage: \_\_\_\_\_ x \_\_\_\_\_ = \$ \_\_\_\_\_  
# of miles Cents/Mile

Bus/Plane/Train: \$ \_\_\_\_\_

TOTAL AMOUNT REQUESTED: \$ \_\_\_\_\_

Will any amount be reimbursed to the District? \$ \_\_\_\_\_

By Whom? \_\_\_\_\_

Your Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Routing: It is your responsibility to have requests processed in a timely manner. **If Board approval is needed**, request **must be** completely processed no later than the **Tuesday prior to the Board meeting**. **If due to unforeseen circumstances, your request is a last minute one, we suggest you walk it through the signature process.**

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**APPROVAL SIGNATURE**

Disapprove   Approve

Assistant Superintendent: \_\_\_\_\_ Date: \_\_\_\_\_

I am specifically assigning this applicant to attend this conference; regardless of the number of days he/she has been out of the District this school year to attend other conferences.

Board Approval Required:       Yes       No

Board of Directors      Date of Approval: \_\_\_\_\_

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**Office Use Only**

Date Conference Recorded in Aesop: \_\_\_\_\_

Aesop Coordinator Signature: \_\_\_\_\_