

**Beloit Special Education Co-operative
Mitchell, Jewell and Lincoln Counties
PO Box 506 Beloit, KS 67420
Ph. 785-738-5275 FAX 785-738-9967**

REQUEST TO ATTEND CONFERENCE

Requests to attend conference are to be made to the Director of Special Education. Permission will be granted by the administration if the leave is deemed to be of value to the school and provided there are sufficient funds in the budget and a substitute is available if necessary. The request to the director is to be in writing and is to be received, except in the case of emergencies, a minimum of one week prior to the requested date of the leave. The request to the director is to be in writing. Leave will not be approved by telephone.

Date request submitted: _____ Name of person making request: _____

Name or theme of conference: _____

Location of conference: _____

Date(s) of conference: _____

Reason for request: _____

Projection of expenses:

Registration _____	Mileage/travel costs _____
Meals _____	Lodging _____
Total estimated expenses \$ _____	

Are you on an Individual Development Plan? Yes _____ No _____

Will you require a substitute? Yes _____ No _____

Will you require a district credit card? Yes _____ No _____

Have you checked with your building administrator(s) to determine whether there would be any problem for them if you were to attend? Yes _____ No _____

Signature of person making request

Director of Special Education

REQUEST REQUEST
DISAPPROVED _____ APPROVED _____

If request is approved, expenses are approved pending mileage form, expense voucher form and receipts of expenses.

Superintendent

Date

If you receive approval to attend this conference, be sure to make your building administrator(s) aware of the details and place it on your PDP form.