

Cincinnati Central School District Conference-Workshop Request Form

Name of Applicant

Dates of Conference/Workshop

Name of Conference/Workshop

Location of Conference/Workshop

Responsibility in Conference/Workshop

Address of Conference/Workshop

Describe the anticipated values of the conference realizing a ***specific*** district goal:

Describe how you propose to communicate the value received to the school staff:

Date: _____ Applicant Signature: _____

Transportation Usage

Request of District Van Usage

Circle One: Yes or No

Comments:

Estimated Expenses

Registration Fee:

Lodging:

Meals:

If district van unavailable:

Miles: X

0.665

Parking:

Tolls:

Other (List):

Total:

Principal's Recommendation

Approval

Date Received

Yes

No

Comments/Funding Source/Budget Code:

Signature:

Superintendent's Recommendation

Approval

Date Received

Yes

No

Comments/Funding Source/Budget Code:

Signature:

Copy to Transportation if applicable

Copy to Applicant

Copy to Principal

Copy to Personnel Office
