

PLEASANTVILLE PUBLIC SCHOOLS  
Pleasantville, New Jersey 08232

**APPLICATION FOR ATTENDANCE AT CONFERENCE/WORKSHOP**  
**(All Conference/Request Forms Must be received 30 days prior to workshop. Incomplete forms will be returned.)**

STAFF \_\_\_\_\_ ASSIGNMENT \_\_\_\_\_ DATE \_\_\_\_\_

LOCATION \_\_\_\_\_ SUB \_\_\_\_\_ FULL DAY \_\_\_\_\_ HALF DAY \_\_\_\_\_ CODE# \_\_\_\_\_

1. Conference/Workshop Title (Please attach appropriate information, i.e., flyers, brochures, etc.)  
\_\_\_\_\_

2. Date of Conference/Workshop \_\_\_\_\_ Conf. Location(City, State) \_\_\_\_\_

3. Purpose \_\_\_\_\_  
\_\_\_\_\_

4. Fees Requested (fill out completely)	4a. Funding Source/ Account Number(s)
Registration _____	_____
Travel (per A5 Guidelines) _____	_____
Food (per A5 Guidelines) _____	_____
Lodging (per A5 Guidelines) _____	_____
Other _____	_____
Total Conference Cost \$ _____	_____

***Out-of-State Travel Forms must be submitted along with Conference Request Forms.***

**A requisition must accompany request.** If actual expenses exceed the maximum expense requested, a separate request for reimbursement along with justification for expenses. Additional expenses must be approved by the appropriate administrator **and** the Assistant Superintendent or designee. All conference/workshop/meeting expenses incurred must be submitted with original receipts attached.

**An OST form is required** for all out of state workshops with two + attendees or \$2,500.00+.

**A5 Requirement:** A brief workshop summary must be submitted to your principal/ immediate supervisor and the Superintendent's office within 5 days of conference/ workshop/meeting attendance.

Staff Member's Signature \_\_\_\_\_ Date \_\_\_\_\_

Principal/Administrator's Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ **Approved** \_\_\_\_\_ **Not Approved** Comment(s): \_\_\_\_\_

Director's Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ **Approved** \_\_\_\_\_ **Not Approved** Comment(s): \_\_\_\_\_

Superintendent's Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ **Approved** \_\_\_\_\_ **Not Approved** Comment(s): \_\_\_\_\_

(ADMINISTRATIVE STAFF MUST PROVIDE SIGNATURE OF APPROVAL AND ACCOUNT NUMBERS.)

Distribution: Original - Office of Curriculum and Instruction Copies - Administrator, Staff Member

Legend: 1-Curricular/Content 2-Classroom Management 3-Technology 4-Safety/Security 5-NJDOE/Fed Required 6-Administrative 7-PIP