

ST. HELENA UNIFIED SCHOOL DISTRICT
REQUEST FOR APPROVAL TO ATTEND CONFERENCE OR WORKSHOP

Today's Date: _____

Employee's Name: _____

- School: SHPS
 SHES
 RLS
 SHHS

Title of Conference/Workshop: _____

Date(s) of Conference: _____

Purpose of Conference: _____

Location of Conference: _____
(include city, state and zip code)

ESTIMATED EXPENSES:

Travel: Mileage _____ @ _____ cents per mile = \$ _____

Meals: Daily Rate \$ _____ ([GSA Website](#)) = \$ _____

Lodging: # of Nights _____ = \$ _____

Registration Fee: _____ = \$ _____

Sub Costs: _____ @ _____ per hour/day = \$ _____

Other: _____ = \$ _____
(taxi, bridge tolls, parking, etc.)

TOTAL AMOUNT OF EXPENSES = \$ _____

REMINDER

1. Attach a copy of the conference/workshop brochure.
2. Prior approval of your request is required in order to receive funding for the activity.
3. Receipts are required for reimbursement; no alcohol or entertainment will be reimbursed.

PURPOSE OF ACTIVITY TO SUPPORT SHUSD LCAP GOALS

1. Briefly explain the purpose of the conference/workshop/visitation and how they relate to student achievement and LCAP goals:

2. Identify specific benefits to other staff members and/or students. How you will share your information?

Certificated Employees Only

As stated in St. Helena Unified School District Teachers Association Contract Article 14.13, certificated employees will be compensated for their time if it meets Tier Two or Tier Three criteria. Please check one of the tiers below prior to submitting the form to your site administrator.

Tier One: _____ Tier Two: _____ Tier Three: _____

Employee Signature: _____ Date: _____

Principal Approval: _____ Date: _____

District Office Approval: _____ Date: _____

Board Approval Date: _____

(Board approval required for all out-of-state travel)

| FUND | RESOURCE | YEAR | GOAL | FUNCTION | OBJECT | SCHOOL | MGMT | AMOUNT |
|------|----------|------|------|----------|--------|--------|------|--------|
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