

**JOINT EDUCATIONAL SERVICES IN SPECIAL EDUCATION  
PLYMOUTH, INDIANA**

DATE: \_\_\_\_\_

TO: Board of Managers

FROM: \_\_\_\_\_

RE: Permission to Attend Professional Meetings During School Time

I hereby request permission to attend the professional meeting described below:

1. Name of Conference \_\_\_\_\_

2. Place of Conference \_\_\_\_\_

3. Dates of Conference \_\_\_\_\_

Departure date: \_\_\_\_\_ Time: \_\_\_\_\_ a.m. p.m.

Return date: \_\_\_\_\_ Time: \_\_\_\_\_ a.m. p.m.

4. Expected values to be received at Conference: \_\_\_\_\_

5. Estimated Professional Expenses (itemized):

Meals \_\_\_\_\_

Lodging \_\_\_\_\_

Mileage \_\_\_\_\_

Registration Fees \_\_\_\_\_

(receipt required)

\* TOTAL Expenses \_\_\_\_\_

6. Request filed: \_\_\_\_\_

(date)

(Staff member)

7. Request recommended \_\_\_\_\_

Request not recommended \_\_\_\_\_

(Principal)

8. Requested approved \_\_\_\_\_

(Director of Special Education)

\* Itemized claim and receipts must be filed in the Director's Office before reimbursement can be made. Approval is only for that which is in accordance with Board policies relating to conference leave and reimbursement. (Two copies of this application must be filed and acted upon prior to the professional meeting.)