

## **Conference Request Form Cover Sheet**

Please fully complete the top bold portion of the attached Conference Request Form.

Incomplete forms will be returned to you.

Be sure to attach any information you have on the Conference or Workshop you wish to attend, such as an e-mail, brochure or flyer.

Remember to e-mail Jackie Werner ([jwerner@nccscougar.org](mailto:jwerner@nccscougar.org)) even if you will not require a substitute. This is for record keeping purposes and identifies to administration who is out of the building on the day of your absence.

When you have completed the form, please turn it in to your Building Principal. If you do not have a Building Principal, please give it to your immediate supervisor.

Building Principals should forward the signed form to:  
Mr. Rasco for **all** Elementary Faculty & Staff  
Mr. Brandell for High School **and** Middle School Faculty & Staff

**NCCS**  
**CONFERENCE REQUEST FORM** (rev 9/08)

Name (Faculty/Staff) \_\_\_\_\_

Building:     District Office     Special Ed.     HS     MS     RP     MO

Name of Conference/Workshop: \_\_\_\_\_  
(Attach Information i.e. brochure, e-mail etc.)

Date(s) of Conference: \_\_\_\_\_

Registration Fee: \_\_\_\_\_                      Meals: \_\_\_\_\_

Mileage: \_\_\_\_\_                                  Lodging: \_\_\_\_\_  
(Use Transportation Request Form First)

Materials: \_\_\_\_\_                                  Dues: \_\_\_\_\_

Substitute Needed:  Yes     No.    If Yes, please e-mail Jackie Werner. [jwerner@nccscougar.org](mailto:jwerner@nccscougar.org)

Reminder: Please e-mail Jackie Werner of your absence *even if no substitute is needed.*

In an effort to assure an equal opportunity for all members of a department to attend conferences, please list workshops/conferences you have attended during the last two (2) years. Thank you.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_                      Signature of Building Principal \_\_\_\_\_

Source of Funding:  Genl. Fund / I.S.     Grant \_\_\_\_\_     Special Ed.     CVES  
Acct. Code: \_\_\_\_\_

Conference Coordinator's Signature: \_\_\_\_\_

Approved     Denied    Reason For Denial: \_\_\_\_\_

Business Manager's Signature: \_\_\_\_\_

Superintendent's Signature: \_\_\_\_\_