

Name of Applicant: \_\_\_\_\_

Request to attend: \_\_\_\_\_  
(Name of Conference)

At: \_\_\_\_\_  
(Location of Conference)

From: \_\_\_\_\_ To: \_\_\_\_\_  
(Date & Time) (Date & Time)

How will your attendance benefit your program and BOCES? \_\_\_\_\_

Number and title of conferences attended this fiscal year: \_\_\_\_\_

**The following criteria shall be used to determine who attends:**

- A.) Alignment of the conference to the employee's assignment, the Staff Development Plan, Excellence and Accountability Program Plan or identified curriculum. The appropriate Director shall determine the alignment.
- B.) Number of conferences employee had attended in the current year.
- C.) Attendance at the same conference in two (2) consecutive years.
- D.) Benefit to program and BOCES.

**Estimated expenses are:**

**Recommended by:**

Registration \_\_\_\_\_

\_\_\_\_\_  
(Signature of Appropriate Administrator)

Substitute cost & dates needed \_\_\_\_\_

Date: \_\_\_\_\_

Tolls \_\_\_\_\_

Comments: \_\_\_\_\_

Transportation \_\_\_\_\_

\_\_\_\_\_

*\*applicable only if  
overnight AND 35  
miles away from home  
and duty point*

Lodging\* \_\_\_\_\_

\_\_\_\_\_

Meals\* \_\_\_\_\_

\_\_\_\_\_

Total Estimated Expenses: \_\_\_\_\_

Budget Code: \_\_\_\_\_

**Expenses are limited to those incurred by the employee solely and may not include any expenses due to the attendance of a guest/spouse.**

Approved \_\_\_\_\_

Disapproved \_\_\_\_\_

By: \_\_\_\_\_  
(Chief School Officer/District Superintendent)

Date: \_\_\_\_\_