

# HARVEY PUBLIC SCHOOLS DISTRICT 152

## CONFERENCE/CONVENTION/WORKSHOP ATTENDANCE REQUEST

Please submit one copy of any information you may have concerning this request at least **TWO WEEKS BEFORE** requested C/C/W date(s).

Name of Person (please print): Nicole Wright

Grade/Subject/School: CENTRAL OFFICE

Name/Date of C/C/W: IASB Joint Conference Nov 16-18

Location of C/C/W: Chicago, IL

Give a tentative summary of expected expenses(s):

Registration:	\$ <u>375.00</u>
Travel:	\$ _____
Food:	\$ _____
Lodging:	\$ <u>171 per night</u>
Other:	\$ _____
Estimated Total:	\$ _____

Will a substitute be required? Yes \_\_\_\_\_ No X All Day? Yes X No \_\_\_\_\_ AM \_\_\_\_\_ PM \_\_\_\_\_

LONG RANGE PLAN X GOAL \_\_\_\_\_ Explain what you desire to gain by attendance:

The Basics of Governance / Board Secretary sessions

<u>Nicole Wright</u> 10/21/12		<u>Deputy. Vallen</u> 10/3/12
Applicant's Sig/Date	Principal's Sig/Date	Administrator's Sig/Date

NOTE: IF APPROVED, A WRITTEN REPORT MUST BE SUBMITTED TO SUPERINTENDENT OR ADMINISTRATOR WITHIN ONE WEEK AFTER THE CONFERENCE/CONVENTION/WORKSHOP.

### OFFICE USE ONLY

APPROVED \_\_\_\_\_ DATE \_\_\_\_\_ DISAPPROVED \_\_\_\_\_ DATE \_\_\_\_\_

Account Name & Number: \_\_\_\_\_

PO # \_\_\_\_\_ CHECK REQUEST: Accounts Payable \_\_\_\_\_ Payroll \_\_\_\_\_ Imprest \_\_\_\_\_

Substitute Account Name/Number: \_\_\_\_\_

Name of Substitute Called: \_\_\_\_\_

Deputy. Vallen  
Business Manager Signature/Date

C  
Superintendent's Signature/Date

Please submit one copy of any information you may have concerning ~~the~~  
request at least TWO WEEKS BEFORE requested C/C/W date(s).

Name of Person (please print): Siriena

Grade/Subject/School: Human Resource Clerk

Name/Date of C/C/W: IASB Joint Conference - Nov. 16 - 18, 2012

Location of C/C/W: Chicago, IL

Give a tentative summary of expected expenses(s):

Registration:	\$ <u>375.00</u>
Travel:	\$ _____
Food:	\$ _____
Lodging:	\$ <u>171 per night</u>
Other:	\$ _____
Estimated Total:	\$ _____

Will a substitute be required? Yes \_\_\_\_\_ No ☒ All Day? Yes ☒ No \_\_\_\_\_ AM \_\_\_\_\_ PM \_\_\_\_\_

LONG RANGE PLAN \_\_\_\_\_ GOAL \_\_\_\_\_ Explain what you desire to gain by attendance:  
Best Practices for Pre-Hire to Post-Termination of  
Job Description

Siriena A. Thomas  
Applicant's Sig/Date

Principal's Sig/Date

Wm. J. Walker 10/3/12  
Administrator's Sig/Date

NOTE: IF APPROVED, A WRITTEN REPORT MUST BE SUBMITTED TO SUPERINTENDENT OR  
ADMINISTRATOR WITHIN ONE WEEK AFTER THE CONFERENCE/CONVENTION/WORKSHOP.

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APPROVED \_\_\_\_\_ DATE \_\_\_\_\_ DISAPPROVED \_\_\_\_\_ DATE \_\_\_\_\_

Account Name & Number: \_\_\_\_\_

PO # \_\_\_\_\_ CHECK REQUEST: Accounts Payable \_\_\_\_\_ Payroll \_\_\_\_\_ Imprest \_\_\_\_\_

Substitute Account Name/Number: \_\_\_\_\_

Name of Substitute Called: \_\_\_\_\_

Wm. J. Walker 10/3/12  
Business Manager Signature/Date

Superintendent's Signature/Date



# HARVEY PUBLIC SCHOOLS DISTRICT 152

## CONFERENCE/CONVENTION/WORKSHOP ATTENDANCE REQUEST

Please submit one copy of any information you may have concerning this request at least **TWO WEEKS BEFORE** requested C/C/W date(s).

Name of Person (please print): Derrika Williams

Grade/Subject/School: Grant Clerk - C.O.

Name/Date of C/C/W: IASB Joint Conference Nov 16-18 2012

Location of C/C/W: Chicago, IL

Give a tentative summary of expected expenses(s):

Registration:	\$ <u>375.00</u>
Travel:	\$ _____
Food:	\$ _____
Lodging:	\$ <u>171 per night</u>
Other:	\$ _____
Estimated Total:	\$ _____

Will a substitute be required? Yes \_\_\_\_\_ No X All Day? Yes X No \_\_\_\_\_ AM \_\_\_\_\_ PM \_\_\_\_\_

LONG RANGE PLAN \_\_\_\_\_ GOAL \_\_\_\_\_ Explain what you desire to gain by attendance:

To gain more knowledge on school finance, ASBE Auditing and monitoring of funds and expenditures.

Applicant's Sig/Date: Derrika Williams 10/2/12 Principal's Sig/Date: M. Schmitt 10/3/2012 Administrator's Sig/Date: \_\_\_\_\_

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### OFFICE USE ONLY

APPROVED \_\_\_\_\_ DATE \_\_\_\_\_ DISAPPROVED \_\_\_\_\_ DATE \_\_\_\_\_

Account Name & Number: \_\_\_\_\_

PO # \_\_\_\_\_ CHECK REQUEST: Accounts Payable \_\_\_\_\_ Payroll \_\_\_\_\_ Imprest \_\_\_\_\_

Substitute Account Name/Number: \_\_\_\_\_

Name of Substitute Called: \_\_\_\_\_

Business Manager Signature/Date: [Signature] 10/3/12 Superintendent's Signature/Date: [Signature]