

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): JOHNETTA MILLER

Grade/Subject/School: Central Office

Name/Date of C/C/W: NSBA April 13th - April 15th

Location of C/C/W: San Diego, CA

Give a tentative summary of expected expenses(s):
Registration: \$ 755
Travel: \$
Food: \$
Lodging: \$
Other: \$
Estimated Total: \$

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

LONG RANGE PLAN GOAL Explain what you desire to gain by attendance:
Continued best practices and cutting-edge technology, leadership and accountability skills and development.

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 3/12/13 DISAPPROVED DATE

Account Name & Number:

PO # CHECK REQUEST: Accounts Payable Payroll Imprest

Substitute Account Name/Number:

Name of Substitute Called:

Business Manager Signature/Date Superintendent's Signature/Date



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San Diego Convention Center



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www.NSBA.org/conference