



# Haverhill Public Schools

## Professional Educational Conference/Workshop Form

Rev 01-19

Please complete this form and submit it to the Supervisor/Director and your Building Principal, along with your completed registration form and estimated travel documents. When you have received the required signatures, please forward to the Curriculum Office for review and the final approval. **Please note that the Curriculum Office must receive all forms a minimum of 14 days prior to the event.** In addition, any expenses exceeding \$250.00 must have the approval of the Haverhill School Committee. **Please allow up to 30 days for processing.**

**Please Print:**

Today's Date: _____	Grade: _____
Staff Member Name: _____	School: _____
Program Date(s): _____	Title of Program: _____
Organization Facilitating Training: _____	Program Location: _____ <i>Facility, City and State</i>

*How will your attendance at this workshop help to improve student achievement?*

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*Describe how this activity will help you meet your professional development goals.*

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*How will you share this information with your peers and supervisor/principal?*

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**Please complete each line below: MUST INCLUDE A FUNDING SOURCE BELOW OR WRITE ZERO**

	Expense	Funding Source #	Account Description
Substitute Coverage	\$		
Registration Fee:	\$		
Travel:	\$		
Lodging:	\$		
Meals:	\$		
Other:	\$		
<b>Total:</b>	<b>\$</b>		

**Important Note: Payment will be made upon receipt of the expense voucher. Receipts for the registration fee, travel, lodging, meals, other, and a proof of mileage must accompany the expense voucher.**

*I hereby acknowledge that to the best of my knowledge, all of the information provided above is true. I also acknowledge that I must submit within five (5) days of the event a reasonably detailed written workshop report to the Curriculum Department.*

Staff Member: \_\_\_\_\_ Date: \_\_\_\_\_

	Signature	Date	
Supervisor/Director			<input type="checkbox"/> Approved <input type="checkbox"/> Declined
Principal			<input type="checkbox"/> Approved <input type="checkbox"/> Declined
Chief Academic Officer			<input type="checkbox"/> Approved <input type="checkbox"/> Declined