

**BROWNSVILLE AREA SCHOOL DISTRICT  
STAFF DEVELOPMENT  
CONFERENCE/WORKSHOP REQUEST FORM**

Name \_\_\_\_\_ Date \_\_\_\_\_

Subject Area \_\_\_\_\_ School \_\_\_\_\_

Position \_\_\_\_\_ Conf/Wksp Title \_\_\_\_\_

Location of Conf \_\_\_\_\_ Date of Conf \_\_\_\_\_

Educational Value of Attending this Conference (Be Specific):

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

Will a substitute be necessary? Yes \_\_\_\_\_ No \_\_\_\_\_

Are the conference expenses covered by grant funds? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what grant? \_\_\_\_\_

Estimated Expenses:

- A) Registration \$ \_\_\_\_\_
- B) Room \$ \_\_\_\_\_
- C) Meals \$ \_\_\_\_\_
- D) Mileage-\$.54 \$ \_\_\_\_\_
- E) Other Expenses \$ \_\_\_\_\_

\_\_\_\_\_  
 Approved by Building Staff Development Committee \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
 Approved by Building Principal \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
 Approved by Business Manager \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
 Approved by Superintendent \_\_\_\_\_ Date \_\_\_\_\_

If all or part of the expenses will be reimbursed by a grant or third party, it is your responsibility to provide the business office with all pertinent information.