

ONTARIO-MONTCLAIR SCHOOL DISTRICT

REQUEST TO ATTEND CONFERENCE/WORKSHOP/MEETING

Site/Department _____ Color Track _____ Subject/Grade Level or
Name _____ Position _____
Title of Event _____
Date(s) _____
Location _____
Justification (Briefly explain reason for attending the event.) _____

Requestor's Signature _____ Date _____

Funding Source	SubFinder Code	Funding Source	SubFinder Code
<input type="checkbox"/> Teacher Initiated	17	<input type="checkbox"/> Curriculum Dev	23
<input type="checkbox"/> Classified Staff Dev.	20	<input type="checkbox"/> Special Ed	
<input type="checkbox"/> Mentor	13	<input type="checkbox"/> GATE	26
<input type="checkbox"/> BTSA	14	<input type="checkbox"/> Other (explain)	
<input type="checkbox"/> PAR	15	<input type="checkbox"/> No Funding Required	

After approval from Funding Source, you may request your substitute through the SubFinder using one of the Codes above, which reflect your reason for absence. Remember to wait for your Job Number and list it here .

<input type="checkbox"/> Full Day Substitute	<input type="checkbox"/> ½ Day AM (3 Hours, 15 Minutes)	<input type="checkbox"/> ½ Day PM (3 Hours, 15 Minutes)
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Name of Supervisor	Signature	Date
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Primary Budget Number _____ Secondary Budget Number _____

	REQUESTED BUDGET		AUTHORIZED BUDGET	
	Primary	Secondary	Primary	Secondary
Registration Fee				
Substitute Expense \$____ x _____ Days				
Transportation				
Meals (_____ # of meals)				
Lodging (_____ # of nights)				
Other:				
TOTAL FUNDS	\$	\$	\$	\$

NOTE: Send reimbursement form along with receipts to Ana Herrera at the District Office no later than 5 working days after conference/workshop to receive authorized reimbursement.

This request is APPROVED This request is DENIED Reason _____

Name of Program Manager	Signature	Date
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ROUTE COPIES FOR APPROVAL TO FUNDING SOURCE

1. Primary Funding Source 2. Requestor 3. Supervisor 4.Site/Department