

West Central School Corporation

117 E. Montgomery Street
P.O. Box 578
Francesville, IN 47946

“Encourage Every Student Every Day” *Engage *Empower *Educate

Phone 219-567-9161
Fax 219-567-9761

Staff Conference/Professional Development Request

Name of Attendee(s): _____

Name of Event: _____

Date of Event: _____ Location of Event (City & State): _____

Explain how this event will benefit you and West Central Schools: _____

Substitute teacher(s) required: _____ of subs for _____ number of days.

Registration Fees: \$ _____

Upon final approval, attendees may either pay the conference fees themselves for later reimbursement, or should contact central office for instructions on how to execute payment.

Travel Costs: Use school vehicle if available
Use personal vehicle (\$0.55 per mile) \$ _____

Use of a school vehicle is preferred. If this box is checked, the approved application will be forwarded to the Athletic Director and a vehicle will be reserved if available. If a personal vehicle is required, please attach an explanation on a separate page explaining why.

Lodging _____ night(s) for _____ number of people \$ _____

Once final approval for the conference is received, contact central office for assistance registering for the hotel to ensure the district does not incur hotel tax costs. A personal credit card will be required at the hotel in order to cover potential incidental costs.

Other anticipated expenses (if any): \$ _____

Receipts are required for reimbursement to be made for all expenses incurred.

Submitter signature: _____ Date: _____

I attest the above activities and expenses are accurate and will be carried out as listed above to the best of my knowledge and abilities, and the superintendent will be notified of any changes.

Principal Approval Signature: _____ Date: _____

Superintendent Approval Signature: _____ Date: _____