D	PS #170 Request for Absence	Current Date:
To Be Completed By Indiv	vidual Requesting the Activity a Minim u	um of 10 School Days Prior to Event:
Name:	Position:	Home School:
Name of Activity:	Location or City	Date or Dates:
	Half Day eriods? (If different than event)	Check if you are interested in the District Car. (You will be notified by Central Office of its availability)
Registration Fee:	e attach a copy of the workshop/conference b	nochure)
Lodging:		
you will be responsible for the difference.		
	S	ub Total:
Substitute Cost: Please remember this is only a request. Yo confirmation from your principal. I will not claim any college course reimbu	ou may proceed with registration fees and/or hotel rsement or college credit for this activity:	arrangements once you have received approval Signature of individual requesting approval
To Be Completed by Principal		
TOTAL ANTICIPATED EVEN	T REIMBURSEMENT:	
Charge Reimbursement to:	(line item number)	(line item title)
TOTAL ANTICIPATED SUBST	TITUTE COST:	

Complete and submit to the Principal, who will complete and send to the Central Office. Signed copies will be scanned and returned to the Staff Member and to the Principal within 5 days. Any supporting documentation should be attached for proper credit.

Rev. 03/18/13

Not Approved

Date

Date

(line item number)

Approved

(line item title)

☐ CW

]LC

Charge Reimbursement to:

Central Office Approval:

Signature of Principal

Signature of Assistant Superintendent