

CRESSKILL PUBLIC SCHOOLS **OUT OF DISTRICT CONFERENCE/WORKSHOP** **REQUEST FORM**

Please complete this form with all pertinent items filled in and route for signature required.

Request will be forwarded to the Board Office and notification of approval will come from there.

****Please note all requests must be CBOE approved prior to the conference/workshop date. The CBOE meetings in 2024 are January 22, Feb. 12 & 26, March 11 & **18** 25, April 8 & 22, May 6 & 20, June 10 & 24, July 22, August 12, September 9 & 23, October 14 & 28, November 11 & 25 and December 9, 2024.***

Name: _____ School: _____ Dept/Grade: _____ Date: _____

Date(s) of absence (if ½ day, please state AM, PM or period): _____

Coverage needed: YES NO Periods: HR, 1, 2, 3, 4, 5, 6, 7, 8, 9

Lunch Duty: YES (MS/HS) NO

CONFERENCE/WORKSHOP (title, location and reason for attending):

Transportation*		Amt. Req.		Amt. Approved	Lodging		Amt. Req.		Amt. Approved
*If requesting reimbursement, a copy of Google Maps/Mapquest directions <u>must</u> be attached.					Meals		Amt. Req.		Amt. Approved
Registration**		Amt. Req.		Amt. Approved	Other		Amt. Req.		Amt. Approved

****If there is a registration fee, a copy of registration form, along with “payable to” information must be attached.**

	APPROVED	NOT APPROVED
Staff Member _____ <div style="text-align: center;">Signature</div>		
Supervisor: _____	_____	_____
Principal: _____	_____	_____
Superintendent: _____	_____	_____

As required by State Regulations, you must submit a post conference summary. Please complete and e-mail directly to Dawn Delasandro, Business Administrator, at ddelasandro@cresskillnj.net.

Update 02/26/24

Cresskill Board of Education Post Travel/Conference Report

Employee Name: _____ School: _____

Date(s) of Travel
Event: _____

Location: _____

Name or Title of Event: _____

Summarize how the
conference will impact
student learning _____

Signed _____ Date: _____

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