

**OAK CREEK-FRANKLIN JOINT SCHOOL DISTRICT  
CONFERENCE/WORKSHOP REQUEST FORM**

The Oak Creek-Franklin Joint School District may pay for teachers to attend workshops that meet the following criteria:

1. Is tied to teacher's PDP
2. Focuses on one or more of the following areas:
  - Improving the teacher's skills in his or her subject area/field
  - Increasing the teacher's content knowledge in his or her subject area/field
  - Developing new instructional strategies to help improve student learning/achievement
  - Increasing the teacher's instructional skills to enhance the teacher's expertise and allow him or her to train other teachers
  - Improving classroom management skills
  - Developing strategies to work with new/different types of learners (e.g. digital generation)
  - Developing or enhancing effective leadership skills necessary for increasing the effectiveness of teams in improving student learning/achievement

**NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Date(s) of Absence:	
Title of Workshop/Conference:	
Location:	

**How does this workshop/conference relate to your PDP and focus on one or more of the areas identified above:**


**How will you share the information from this workshop/conference with others in the school or district:**


**ESTIMATED EXPENSE FOR SCHOOL BUSINESS**

***Please include all anticipated expenses as only those expenses listed on this prior will be considered for reimbursement.***

Registration Fee:		1. Attach completed registration form to School Business Expense Approval request.
Mileage:		2. Ensure approval of conference/workshop by district office administration at least four weeks prior to event.
Meals:		3. On-line registration will be processed through district office.
Lodging:		4. Upon return, submit an expense report along with an approved copy of this form.
Total Expenses:		Account #
Substitute Teacher Requested on TOC:		<input type="checkbox"/> Yes <input type="checkbox"/> No

*If you fail to attend a conference/workshop for which you were registered, you must reimburse the district for all costs incurred by the district.*

Approved     Disapproved

**Principal/Supervisor Signature**

Approved     Disapproved

**District Office Administrator Signature**

Reason for Disapproval: \_\_\_\_\_

Substitute Account #: \_\_\_\_\_