

Conneaut School District
Request for Educational Conference/Workshop/Clinic

Name _____ Date _____

Position _____ Building _____

Name of Conference _____

Dates of Conference _____

Dates of Requested Leave _____

Location (including city) _____ # of miles traveled roundtrip _____

Will students be attending as part of this request? If yes this is the wrong form to fill out.

Will this conference/workshop/clinic be applied to your Act 48 Professional development Hours? Yes _____ No _____

If yes, please remember to notify/submit certificate/completed hours to Personnel.

Please indicate those areas of the Professional Education criteria (Act 48) that will be met attending this conference/workshop/clinic.

Please explain the benefits of your attendance. Be specific.

Please explain briefly how you will provide information to your colleagues.

Note: individuals will need to provide Central Office with verification/proof of completion of Act 48 hours.

