

**PROFESSIONAL MEETING VERIFICATION REQUEST**

Submit Before Attending Meeting (Submit in Triplicate)

**EMPLOYEE SECTION**

The employee must complete this form and submit it to his/her building administrator prior to attendance at a professional meeting. Please print clearly.

Name \_\_\_\_\_ Date Submitted \_\_\_\_\_

Building \_\_\_\_\_ Job Assignment \_\_\_\_\_  
(High School, Elementary School) (Teach.-Prin.-Cust.)

Meeting \_\_\_\_\_

Location:(City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_

Date(s) in Attendance \_\_\_\_\_  
(Specify Day of Week and Calendar Date)

**Reminder to Employee:** An employee who intends to seek reimbursement for the approved costs associated with attendance at a professional meeting (1) must retain receipts for registration fees, for lodging expenses (single rate is to be shown unless sharing room with meeting attendee in which case shared rate is to be shown), for costs of meals (neither bar bills nor separately listed tips are reimbursable), for public transportation costs, for turnpike and parking fees; (2) must keep a record of mileage if a privately owned vehicle is used.

Signature of Employee: \_\_\_\_\_

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**BUILDING ADMINISTRATOR SECTION**

This form is submitted to the building administrator so that he/she might make plans to provide a substitute for the employee if necessary. The signature of the building administrator acknowledges awareness of the date(s) on which the employee proposes to attend a professional meeting.

Signature of Building Administrator: \_\_\_\_\_ Date \_\_\_\_\_

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**SUPERINTENDENT SECTION**

\_\_\_\_\_ Approved      \_\_\_\_\_ Not Approved

Comments:

Signature of Superintendent: \_\_\_\_\_ Date \_\_\_\_\_

This completed form shall be stamped by the principal or his/her designee with the date and time it was submitted by the teacher and a copy shall be given to the teacher.