

OFFICE USE ONLY

NOTE: DO NOT Process Without
Initials of Purchasing Official

- _____ ALT. ED.
- _____ SPECIAL ED.
- _____ CAREER & TECH
- _____ BUSINESS OFFICE
- _____ OTHER DEPT.
- _____ PURCHASING OFFICIAL

HAMILTON-FULTON-MONTGOMERY BOCES
2755 State Highway 67
Johnstown, NY 12095
(518) 736-4310

BUDGET CODE (S):

CONFERENCE REQUEST FORM

**PLEASE ATTACH COMPLETE CONFERENCE ANNOUNCEMENT
INCLUDING CONFERENCE DATE AND LOCATION**

Date of Request: ____/____/____

Check Payable To: _____

Employee's Name: _____

Conference Name: _____

Conference Location: _____

Overnight Lodging: YES or NO If yes, facility name and location _____

Purpose of Conference: _____

Dates of Conference: _____

Departure Date/Time: _____

Cost of Conference: \$ _____ Total Approx. Cost (Including Mileage, Hotel, Etc) \$ _____

PLEASE COMPLETE THE FOLLOWING:

- | YES | NO | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Mail Registration with check? (Please make sure registration form is attached) |
| <input type="checkbox"/> | <input type="checkbox"/> | Fax Registration? |
| <input type="checkbox"/> | <input type="checkbox"/> | Issue a Check for Lodging? (After approval, you are responsible for making your own lodging reservations) |
| <input type="checkbox"/> | <input type="checkbox"/> | Other Instructions: |

PROFESSIONAL DEVELOPMENT HOURS

CONFERENCE HOURS ATTENDED: _____ (Attach Documentation)

- WHICH PDP GOAL IS ADDRESSED:
1. _____ Instructional Strategies
 2. _____ Student Behaviors/Attitudes
 3. _____ Division Goal; please specify

PDP HOURS (SUPERVISOR ASSIGN IF NO CERTIFICATE OF COMPLETION ISSUED) _____

PDP Requirements

Following this conference, you **MUST** forward a copy of your **Certificate of Completion** to Jennifer Winton in the Admin. Office.

If no Certificate is given, please contact Jennifer via email: [jwinton@hfmboeces.org](mailto:jwinton@hfmbooces.org).

Please keep a copy of the Conference Request Form for your records.

Employee's Signature: _____ Date: _____

Approved by: _____ Date: _____
Principal – If applicable

Approved by: _____ Date: _____
Supervisor – If applicable

Approved by: _____ Date: _____
HFM BOCES Administrator

Complete 1 copy of this form and submit it to the principals involved; then forward the request form to BOCES Office at 2755 State Hwy 67 at least 4 weeks prior to the conference. Special Education instructors will submit their requests to the Office of Special Education; this office will then forward the request to the Business Office. Approved copies will be returned to you once all approvals have been obtained.

Any missing information will result in a delay of processing. Please note PDP Requirements.

FOR BUSINESS OFFICE USE ONLY