

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

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: \$ _____ Additional Approx. Cost: \$ _____ Mileage \$ _____ Meals
\$ _____ Lodging \$ _____ Other (Please list): _____

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: |

PDP Requirements

Following this conference, you **MUST** forward a copy of your **Certificate of Completion** to Tiena Kline in the Admin. Office. If no Certificate is given, please contact Tiena via email: tkline@hfmboces.org. Please keep a copy of the Conference Request Form for your records.

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) _____

Employee Signature: _____

Date: _____

TO BE COMPLETED BY DEPARTMENT

Percent	Budget Code	Amount

OFFICE USE ONLY

NOTE: DO NOT Process Without Initials of Business Mgr

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

Approved by (Supervisor – If applicable):

_____ Date: _____

Approved by Program Administrator/Director:

_____ Date: _____

Approved by HFM BOCES Administrator-Executive Team (Required for Out-of-State travel for all employees):

_____ Date: _____

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.**