

**OFFICE USE ONLY**

NOTE: DO NOT Process Without Initials of Business Mgr

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

**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**

To be completed by Department		
%	Budget Code	\$

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

- Mail Registration with check? **(Please make sure registration form is attached)**
- Fax Registration?
- Issue a Check for Lodging? **(After approval, you are responsible for making your own lodging reservations)**
- 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 Tiena Kline in the Admin. Office.

If no Certificate is given, please contact Tiena via email: [tkline@hfmboces.org](mailto:tkline@hfmboces.org).

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

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_  
Supervisor – If applicable

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_  
Program Administrator/Director

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

**FOR BUSINESS OFFICE USE ONLY**

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.**