

Wellsboro Area School District
227 Nichols Street
Wellsboro, PA 16901

Request to Attend Conference / Meeting

THIS FORM MUST BE COMPLETED AND APPROVED BEFORE REGISTERING FOR THE CONFERENCE/WORKSHOP.

Individual Attending Alanna Huck
Name of Conference IU17 Superintendent Retreat/Act 45 Training Hours for Certification
Location of Conference Hershey, PA
Date(s) 11/15-11/17 Days of Week Wednesday - Friday

Are you an active member of the organization sponsoring this event? Yes No
Is this conference directly related to a classroom assignment? Yes No

Purpose of conference:

In order to stay certified in the state of PA, I have to obtain Act 45 hours for administrators. The first day of the retreat will be offered for superintendents who need those hours. The last two days, will focus on updates from PDE, various updates on law, and a presentation on navigating the new world of education, post Covid.

Number of school days absent for conference/meeting: 3
Total number of days requested for conference/meeting: 3 (include travel time)

Estimated time of departure: 3:00:00 PM on 11/14
Estimated time of return: 4:00 PM

COMPLETE THE FOLLOWING ESTIMATIONS OF EXPENSES:

Travel: \$197.60
Lodging: \$0.00
Meals: \$0.00
Registration: \$0.00
Other: \$0.00
Total Estimated Expenditures: \$197.60

SUBSTITUTE NEEDED:
 Yes (# of Days) _____
 No

**All receipts must be itemized.
Tips are not reimbursable.**

Submitted by:  Date: 8/30/23

Recommended to Superintendent: Yes No
Principal Signature _____
Account # _____ Amount/% _____
Account # _____ Amount/% _____

Recommended to School Board for Approval: _____
Superintendent Signature _____

Date Approved by School Board: _____

Distribution: Original - District Office Copy 1 - Teacher Copy 2 - Building Office