

**VALLEY VIEW SCHOOL DISTRICT**

Request to Attend Meetings or Workshops  
(Not offered on Coursewhere)

This form is used for attendance at meetings or workshops not listed on coursewhere and to enter professional days in subfinder. Please provide the information requested below, sign, and forward to your school administrator for consideration. **THIS REQUEST SHOULD BE SUBMITTED TO THE DISTRICT OFFICE AT LEAST TWO WEEKS PRIOR TO THE DATE OF THE ACTIVITY.**

Name \_\_\_\_\_ Date of Request \_\_\_\_\_ Employee I.D. \_\_\_\_\_

Title of Meeting or Workshop \_\_\_\_\_

Location of Meeting \_\_\_\_\_ In District \_\_\_\_\_ Out of District \_\_\_\_\_

School Improvement Goal (if request is for funds from the School Improvement Block Grant Budget) \_\_\_\_\_  
How will this contribute to the building's school improvement plans?

\_\_\_\_\_  
\_\_\_\_\_

Registration Amount \$ \_\_\_\_\_

Type of Registration: \_\_\_\_\_AS400 PO \_\_\_\_\_School Procurement Card \_\_\_\_\_School Meeting \_\_\_\_\_Other

Date of meeting \_\_\_\_\_ AM \_\_\_\_\_ PM \_\_\_\_\_ all day \_\_\_\_\_

Guest Teacher Needed \_\_\_\_\_ Building Where Guest Teacher is Needed \_\_\_\_\_ No Guest Teacher Needed \_\_\_\_\_

Requested \_\_\_\_\_or Prearranged \_\_\_\_\_ Guest Teacher Name \_\_\_\_\_

**School Administrator - Indicate Budget to be paid from:**

*School/SIP Budget* \_\_\_\_\_ *District/SIP Budget* \_\_\_\_\_ *Other* \_\_\_\_\_

*Special Education Grants* \_\_\_\_\_ *Title 1* \_\_\_\_\_

*District Funds* \_\_\_\_\_ *Bilingual Grant* \_\_\_\_\_

\_\_\_\_\_  
**Signature of Teacher Applying**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**School Administrator's Approval**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Educational Services Administrator**

\_\_\_\_\_  
**Approved Denied Date**

Reason if not approved \_\_\_\_\_

**Subfinder Job Number** \_\_\_\_\_