

## Conference/ Workshop Request Procedures

1. **Before travel, the employee must complete the following:**
  - a. **Choctaw County Conference/Workshop Request Form**
  - b. **Conference/Workshop Description Form**
  - c. **Attach preliminary agenda and description of workshop.  
(Copy flyer, etc.)**
  
2. **Give to principal for approval.**
  
3. **Principal will send conference request form to the supervisor of the funds to be used: Federal Programs Coordinator (Title I, Title II), Special Education Coordinator (SPED Funds), or Superintendent (District Funds) for approval.**
  
4. **If the travel is approved, the form will be signed by supervisors and sent to the board for approval. Once the request receives board approval, the employee will receive a copy of approved conference request (pink copy). If the request is not approved, the supervisor will return the forms to the principal, and the principal will notify the employee.**
  
5. **To receive reimbursement for travel, the employee must submit the following forms to the Business Manager by the 29<sup>th</sup> of each month:**
  - a. **Choctaw County Schools Travel Voucher**
  - b. **Conference/Workshop Summary Form**
  - c. **Copy of Conference/Workshop Agenda**
  - d. **Attach Board Approved Conference Request (Pink Copy)**

**Forms can be completed online and printed.**

**Choctaw County School District  
Conference/Workshop Description Form**

**This form must be completed and attached to your request for travel.**

**Employee Name:** \_\_\_\_\_ **School:** \_\_\_\_\_

**Name of Workshop/Conference:** \_\_\_\_\_

**Date of Conference:** \_\_\_\_\_

- 1. What is the reason that you wish to attend this workshop/conference? What is the purpose of the conference?**

- 2. How will this workshop/conference benefit you and the students in the district? How will this conference/workshop increase student performance?**

- 3. How will you disseminate the information you acquire from this workshop/conference to other staff members in the district?**

**Principal's Signature of Approval:** \_\_\_\_\_

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

**Choctaw County School District  
Conference/Workshop Summary Form**

**This form must be completed and attached to your request for reimbursement.**

**Employee Name:** \_\_\_\_\_ **School:** \_\_\_\_\_

**Name of Workshop/Conference:** \_\_\_\_\_

**Date of Conference:** \_\_\_\_\_

**1. Sessions you attended with summary of each:**

**2. How will you be able to use information/strategies gained from this experience?**

**3. Would you recommend this conference to a colleague?**

**Principal's Signature of Approval:** \_\_\_\_\_

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