

**ATTENDANCE REQUEST  
FOR PARTICIPATION IN MEETING AND PROFESSIONAL CONFERENCES**

**Must be submitted to the Central Office by Thursday, one week prior to the Board Meeting  
Individual Request for Each Participant**

**INCOMPLETE REQUESTS WILL BE DENIED!**

Name of Conference, Meeting or Trip: \_\_\_\_\_

Location of Conference, Meeting or Trip (City:) \_\_\_\_\_ (State:) \_\_\_\_\_

Date(s) of Conference, Meeting or Trip \_\_\_\_\_

Other Staff members attending same conference, meeting, or trip: \_\_\_\_\_

Method of Transportation: (e.g. Personnel Vehicle, Leased Vehicle, County Bus etc.) \_\_\_\_\_

Are students attending? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, is the Transportation Request on the back completed? \_\_\_\_\_ Yes \_\_\_\_\_ No

Will you need a Substitute? \_\_\_\_\_ (Yes) \_\_\_\_\_ (No) If YES, how many days? \_\_\_\_\_

Approximate Cost to the Board: (e.g. Include lodging, mileage reimbursement, meal, etc.) \_\_\_\_\_

Method of Financing: (specific, e.g.: County, School General Fund, RESA, etc.) \_\_\_\_\_

Purpose and Value of Attendance: \_\_\_\_\_

Method of Reporting: (e.g. Hand-outs, Instruct Co-workers, Oral/Written Reports, etc.) \_\_\_\_\_

**Print Name** \_\_\_\_\_

**Please mark applicable staff development goals:**

- \_\_\_\_ S 1.0 To Provide a vehicle through which Doddridge County Service Personnel may communicate training needs and concerns.
- \_\_\_\_ S 2.1 To schedule and facilitate appropriate training programs which enable employees to provide the highest quality services for Doddridge County students, thereby facilitating student learning.
- \_\_\_\_ S 2.2 To achieve job goals in an atmosphere of efficiency and cooperation.
- \_\_\_\_ S 2.3 To foster the concept of lifelong learning among service personnel.
- \_\_\_\_ S 2.4 Enable attainment of West Virginia Department of Education and Doddridge County Board of education goals.
- \_\_\_\_ P 1.0 To improve student achievement.
- \_\_\_\_ P 2.0 To improve the dropout rate.
- \_\_\_\_ P 3.0 To improve student/staff attendance.
- \_\_\_\_ P 4.0 To incorporate Healthy Staff/Healthy Schools Program in Staff Development.

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

Approved by: \_\_\_\_\_  
(Principal or Supervisor) (Date)

**Transportation Request, ON BACK OF THIS FORM, must be completed if students are also attending.**

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**FOR COUNTY OFFICE USE:** Account Number: \_\_\_\_\_

Date Received: \_\_\_\_\_ Board Approval Required \_\_\_\_\_ Yes \_\_\_\_\_ No

\_\_\_\_\_  
(Superintendent's Signature)

\_\_\_\_\_  
(Date)

**APPROVED:**  YES  NO