

## ***Application to Attend a Workshop/Conference***

**Requestor:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Building/Department Name: \_\_\_\_\_ Position: \_\_\_\_\_

How many conferences have you attended in the last 3 years: \_\_\_\_\_

**Conference Information:**

Name of Event: \_\_\_\_\_

Dates of Event: \_\_\_\_\_

Location of Event: \_\_\_\_\_

Will your absence require a substitute?      No      Yes

Are you a presenter at the conference?      No      Yes

Have you attended this conference before?      No      Yes  
If so, when? \_\_\_\_\_

Will you receive an honorarium or stipend? \*      No      Yes

Is there a team from BPS requesting to attend?      No      Yes

If yes, who is on the team? \_\_\_\_\_

\*Note: An employee cannot simultaneously receive compensation from both BPS and a third party for the same day worked. In the event that you do receive compensation from a third party for your work at a conference (on a regular work day) either as a participant or presenter, that compensation must be remitted to BPS.

**Cost Information:**

\$ \_\_\_\_\_ Registration Fee

\$ \_\_\_\_\_ Estimated lodging (multi-day conference & more than 75 miles from BPS boundaries)

\$ \_\_\_\_\_ Estimated travel (flights, transfers/ground transit, driving mileage at current rate)

\$ \_\_\_\_\_ Estimated food reimbursement (maximum \$30/day for overnight)

\$ \_\_\_\_\_ Estimated substitute teacher cost @ \$112.00 per day

\$ \_\_\_\_\_ **Estimated total cost to BPS (per person)**

**From which budgets are you requesting funding?**

<b>"X" below:</b>	<b>Cost Center</b>	<b>Budget Manager, please sign below to approve payment from your budget:</b>	<b>Date</b>
	My School		
	Teaching & Learning		
	Specialized Instruction & S.S.		
	Technology Services		
	Character Education		
	Business Services		
	Deputy Superintendent		
	Superintendent		

**Connection to Goals:**

What new learning do you expect to take away from this experience to benefit your current position?

How does this event align with your school/department/team goals?

How does this event align with district goals/Strategic Plan?

**Impact Level:** On a scale of 0-5 (with 5 being the largest), please estimate the level of impact your learning at this workshop or conference will have on:

	0	1	2	3	4	5	N/A
Your Classroom							
Your Department/Grade/Team							
Your School							
BPS District							
Oakland County							
Other: _____							

**Number Impacted:**

Students? \_\_\_\_\_

Teachers? \_\_\_\_\_

Schools? \_\_\_\_\_

**Other comments:**

**Method of Sharing**

How and when will you commit to share your new learning with others? Please be specific (SALT meeting, Pathways course, written summary, building/department meeting, etc.)

**Approvals:** Budget Manager - Review and sign on front page of form.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

<b>FOR OFFICE USE ONLY – APPROVAL RUBRIC (0-10)</b>			
Reasonable Cost		Total Score	
Benefit to Applicant			Comments:
Aligns to Review Cycle		Approved	
Aligns to School/Dept Goals		Not Approved	
Aligns to Strategic Plan		Reviewers:	
High Geographic Impact			
High Number Impact			
Sharing Plan			
Overall Merit (0-20)			