

FABIUS-POMPEY CENTRAL SCHOOL DISTRICT

SHOPS

Fabius, New York 13063

SHOPS

Building: Elementary ___
 Middle School ___
 High School ___
 Districtwide ___

Workshops/Conferences

2024-2025

EMPLOYEE NAME _____ Subject/Grade _____

List below requests to attend workshops and/or conferences that are applicable to your subject area. Provide whatever information may be known about the workshop/conference. For information that is not available, provide your best "guesstimates."

Prioritize your requests by listing the most important first, and follow with any other request in order of importance.

If you will be attending the workshop/conference with another staff member, please list the other staff member in the last column. If the multiple participation results in shared costs, list your share of the costs on this Form. The other staff member should also complete her/his own Form.

Tentative Date	Location	Description	Tuition/Fee	Other Costs	Attend with
1					
2					
3					
4					
5					
6					

Signature: _____ Date: _____ Subtotal _____
 Employee's/Requisitioner's Signature

Signature: _____ Date: _____ **TOTAL** _____
 Employee's Supervisor's Signature

Signature: _____ Date: _____
 Purchasing Agent's Signature

Business Office Use

Account #: _____