

**DANVERS PUBLIC SCHOOLS**  
**REQUEST FOR ABSENCE FROM CLASS OR ASSIGNMENT**

Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Department \_\_\_\_\_ School: \_\_\_\_\_

Title of Conference/Workshop: \_\_\_\_\_

Location: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Please check one:

Conference/Workshop: \_\_\_\_\_ Professional Day: \_\_\_\_\_ Other: \_\_\_\_\_

Registration/Conference Fee: \_\_\_\_\_

**Cost of conference to be covered by: (Be specific)**

Department: \_\_\_\_\_ School: \_\_\_\_\_ Grant: \_\_\_\_\_ Self \_\_\_\_\_ No Cost: \_\_\_\_\_

In-Service Account: \_\_\_\_\_

**Substitute Coverage:** \_\_\_\_\_ Yes \_\_\_\_\_ No

**Cost of substitute to be covered by: (Be Specific)**

School: \_\_\_\_\_ Grant: \_\_\_\_\_ Other: \_\_\_\_\_

Briefly describe the program and/or attach information:

How will this program benefit you and your students?

Signatures for Recommended Approval: (Please be sure to review cost)

Director: \_\_\_\_\_

Principal: \_\_\_\_\_

Assistant Superintendent: \_\_\_\_\_

**NOTE:** Within a week after the conference or workshop, a report on the program must be submitted. Reimbursement will be processed after the conference/workshop report has been submitted. Form attached with confirmation of approval.

Please do not register for conferences without prior approval

Rev. 7/07