

**NEW YORK CITY BOARD OF EDUCATION
DIVISION OF HUMAN RESOURCES
65 Court Street, Brooklyn, New York 11201**

**APPLICATION TO ATTEND MEETING, CONFERENCE OR CONVENTION
OUTSIDE NEW YORK CITY**

Please read General Rules before completing application. Please print or type.

I. To be Completed by Applicant:

Full Name and Home Address of Applicant (or address to which reply is to be mailed)	Name and Address of Work Location (If Headquarters, include office or bureau and room numbers)
ZIP	ZIP

EIS ID #	Social Security #	District #
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License	Special Assignment (if any)
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<input type="checkbox"/> - Regularly Appointed	<input type="checkbox"/> - Regular Substitute	Note: Not used for per diem substitutes
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Time Excused	Inclusive Dates of Excuse	Inclusive Dates of Convention, etc.												
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:50%;">Days</th> <th style="width:50%;">Hours</th> </tr> <tr> <td style="height: 20px;"> </td> <td> </td> </tr> </table>	Days	Hours			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:50%;">From</th> <th style="width:50%;">To</th> </tr> <tr> <td style="height: 20px;"> </td> <td> </td> </tr> </table>	From	To			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:50%;">From</th> <th style="width:50%;">To</th> </tr> <tr> <td style="height: 20px;"> </td> <td> </td> </tr> </table>	From	To		
Days	Hours													
From	To													
From	To													

Permission to attend meeting, conference or convention outside New York City is applied for:

- Without Pay - With Pay but Without Expenses - With Pay and Payment of Expenses*

***Note:** When payment of expenses is requested, Item (a) must be completed and, if applicable, Item (b) must also be completed.

(a) Applicant is to attend meeting, conference or convention as a designee of (as checked):

<input type="checkbox"/> Chancellor	<input type="checkbox"/> Superintendent	<input type="checkbox"/> Deputy Superintendent
<input type="checkbox"/> Deputy Chancellor	<input type="checkbox"/> Executive Director/Head of Office	<input type="checkbox"/> Other _____

and/or is to participate as: Speaker Panel Member

(b) If reimbursement of expenses is requested, please furnish source of funds

District	Quick Code	Name of Program
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Name of Meeting, Conference or Convention	Location of Event Outside of New York City
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Reason for Attendance:

Member of Organization Belongs to Related Organization

Other (explain) _____

I hereby apply for permission to attend the above meeting, conference or convention outside New York City for the period and purpose stated and certify that the information shown above is complete and accurate. I understand that I may not claim non-attendance nor absent myself from work unless and until such permission has been granted by the Approving Officer(s) (indicated in II and/or III below) in charge of the school(s) or other centralized activity in which I am employed. (Necessary additional comment may be added below.)

Date: _____ Signature of Applicant: _____

II. To be Completed by Appropriate Supervisor (Give Title):

Approved **Disapproved for reason(s) indicated:** _____

Date: _____ Signature of Supervisor: _____

Title: _____

III. To be Completed by the Superintendent, Executive Director, Head of Office or, as appropriate, by their Deputy in Charge of the School(s) or Other Centralized Activity in which Applicant is Employed:

Approved. Authorization is hereby given to the above-named employee to be absent from duty from _____ through _____ inclusive to attend the meeting, conference or convention indicated in Section I:

Without Pay **With Pay but Without Expenses** **With Pay and Payment of Expenses**

Overall Maximum (if any): \$ _____

Upon presentation of this authorization by the employee to the appropriate supervisor, absence will be recorded, as non-attendance in the pay status indicated and the authorization will be retained in work location personnel files.

Disapproved for the reason(s) indicated: _____

Date: _____ Authorized Signature _____ Title: _____

Unit if Not District: _____