

REQUEST TO ATTEND MEETINGS AND CONFERENCES

Division of Instruction and School Administration 10910 Clarksville Pike Ellicott City, MD 21042

Directions

- 1. The completed application must be submitted to an applicant's principal/supervisor for review and approval.
- 2. Upon receipt of the principal's/supervisor's signature, the applicant must scan and forward the request to the Article 13 Committee at Article13@hcpss.org.
- 3. The Article 13 Committee will review the application and forward its recommendation to the appropriate Administrative Director for a final decision.
- 4. The Administrative Director will return the application to the applicant by pony mail.
- 5. Applications must be received by the Article 13 Committee no later than the following deadlines for consideration: September 15, 2016; December 15, 2016; March 15, 2017; and Summer deadline TBD.

Activity Information		
Name: School:		
Date request submitted: Assignment:		
Name of organization sponsoring activity:		
Place activity will be held:		
Date(s) of your attendance: Date(s) substitute needed:		
Requested activity amount:		
Registration: \$ Travel: \$ Hotel: \$ Food: \$ TOTAL AMOUNT: \$		
Anticipated Activity Outcomes		
State the purpose of this activity:		
Describe how you foresee this activity improving instruction:		
Describe how you foresee sharing this activity with colleagues or assisting with your professional growth:		
List any other source(s) of financial assistance, including amounts, or days which you are receiving for this activity:		
List any funding, including amounts, or days which you received last year for the same or a similar activity:		

Other Considerations	
Acknow	ledgement
By submitting this application, I understand and agree to the	following:
My application is accurate and complete.	
 My completion and submission of an application does I understand that my request may be denied based up 	not automatically grant approval, in full or part, of my request. oon the needs of the school on the requested day(s).
Applicant	Date
Disp	osition
My/Our signature signifies that I/we have reviewed this app the purpose described.	llication and believe the information to be accurate, complete, and fo
Principal/Supervisor	Date
Article 13 Committee	Date
Administrative Director	
NOTE: If the application is denied at any point, an explanat	ion must be provided below: