

**FABIUS-POMPEY CENTRAL SCHOOL DISTRICT**

**SHOPS**

**Fabius, New York 13063**

**SHOPS**

Building: Elementary   
 Middle School   
 High School   
 Districtwide

**Workshops/Conferences**  
  
**2026-2027**

EMPLOYEE NAME \_\_\_\_\_ Subject/Grade \_\_\_\_\_

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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.

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| 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 #: \_\_\_\_\_