

FABIUS-POMPEY CENTRAL SCHOOL DISTRICT

Fabius, New York 13063

SHOPS

SHOPS

Building: Elementary
 Middle School
 High School
 Districtwide

Workshops/Conferences

2025-2026

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.

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

Signature: _____
 Employee's/Requisitioner's Signature

Date: _____

Subtotal _____

Signature: _____
 Employee's Supervisor's Signature

Date: _____

TOTAL _____

Signature: _____
 Purchasing Agent's Signature

Date: _____

Business Office Use

Account #: _____