



# COOK COUNTY SCHOOL DISTRICT 130

## District Office

12300 S. Greenwood Avenue  
Blue Island, IL 60406

Telephone: (708) 385-6800

Facsimile: (708) 385-8467

### REQUEST TO ATTEND SEMINAR

#### DIRECTIONS:

- 1) The person requesting approval to travel (Originator) must complete this form **21** days in advance of the requested seminar. **Please note any early bird registration dates.** These deadlines must **be followed in order to** obtain special rates.
- 2) Once your supervisor approves the request, the request to attend must be signed and forwarded to the Employee Benefits Coordinator at the District Office.
- 3) The Employee Benefits Coordinator will forward the request form to the appropriate Program Manager for approval.
- 4) Once the Program Manager approves the request, an email notification will be sent to the Originator, Principal and Secretary.
- 5) If funds are available, the Business Office will record the estimated cost and will process registration with payment, if required.
- 6) Within 10 days of when the Originator returns from the trip/seminar, a Travel Voucher must be completed and sent along with receipts to Accounts Payable. The Travel Voucher can be found on the District 130 website under Employee Access.

NAME \_\_\_\_\_ TODAY'S DATE \_\_\_\_\_

SCHOOL \_\_\_\_\_ GRADE LEVEL \_\_\_\_\_

NAME OF THE WORKSHOP YOU WISH TO ATTEND (ATTACH BROCHURE) \_\_\_\_\_

REASON YOU WISH TO ATTEND \_\_\_\_\_

DATE(S) YOU WISH TO ATTEND \_\_\_\_\_

DO YOU WANT YOUR REGISTRATION PAID IN ADVANCE? YES \_\_\_\_\_ NO \_\_\_\_\_ NO COST \_\_\_\_\_

**IF YOU WANT THE BUSINESS OFFICE TO PROCESS YOUR REGISTRATION IN ADVANCE, ATTACH A COMPLETED REGISTRATION FORM.  
IF REGISTERED ONLINE, PLEASE ATTACH CONFIRMATION.**

#### ESTIMATED COSTS

TRANSPORATION (Per Travel Regulations) \_\_\_\_\_

##### AUTOMOBILE

Estimated Number of Miles \_\_\_\_\_ X \$ 0.555 = \$ \_\_\_\_\_

Note: Mileage is calculated from home or school depending which is closer to workshop location

REGISTRATION \$ \_\_\_\_\_

OTHER (ATTACH DETAIL) \$ \_\_\_\_\_

ESTIMATED TOTAL \$ \_\_\_\_\_

IS A SUBSTITUTE TEACHER REQUIRED? YES \_\_\_\_\_ NO \_\_\_\_\_ (CHECK ONE)

Workshop Participant \_\_\_\_\_ Date \_\_\_\_\_

Supervisor \_\_\_\_\_ Date \_\_\_\_\_

Program Manager \_\_\_\_\_ Date \_\_\_\_\_

ACCOUNT NUMBER \_\_\_\_\_

REASON FOR DENIAL \_\_\_\_\_

REVISED 6/3/21