

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

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

Read rules on reverse 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 # | | | |
| License | Special Assignment (if any) | | | | |
| <input type="checkbox"/> - Regularly Appointed | <input type="checkbox"/> - Regular Substitute | Note: Not used for per diem substitutes | | | |
| Time Excused | | Inclusive Dates of Excuse | | | |
| Days | Hours | Minutes | From | Through | |
| | | | | | |
| | | Inclusive Dates of Convention, etc. | | | |
| | | From | Through | | |
| | | | | | |
| Permission to attend meeting, conference or convention outside New York City is applied for: | | | | | |
| <input type="checkbox"/> - Without Pay <input type="checkbox"/> - With Pay but Without Expenses <input type="checkbox"/> - 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"/> Head of Office/Executive Director <input type="checkbox"/> Other _____ | | | | | |
| and/or is to participate as: <input type="checkbox"/> Speaker <input type="checkbox"/> Panel Member | | | | | |
| (b) If reimbursement of expenses is requested, please furnish source of funds | | | | | |
| District | | Quick Code | | Name of Program | |
| | | | | | |
| Name of Meeting, Conference or Convention | | | Location of Event Outside of New York City | | |
| | | | | | |
| Reason for Attendance: | | | | | |
| <input type="checkbox"/> Member of Organization <input type="checkbox"/> Belongs to Related Organization | | | | | |
| <input type="checkbox"/> 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):

| | |
|-----------------------------------|---|
| <input type="checkbox"/> Approved | <input type="checkbox"/> Disapproved for reason(s) indicated: _____ |
| Date: _____ | Signature of Supervisor: _____ |
| | Title: _____ |

III. To be Completed by Superintendent or Deputy Superintendent in Charge of School(s) or Other Centralized Activity in which Applicant is Employed:

| | | |
|---|-----------------------------|--------------|
| <input type="checkbox"/> 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: | | |
| <input type="checkbox"/> Without Pay <input type="checkbox"/> With Pay but Without Expenses <input type="checkbox"/> 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. | | |
| <input type="checkbox"/> Disapproved for the reason(s) indicated: _____ | | |
| Date: _____ | Authorized Signature _____ | Title: _____ |
| | Unit if Not District: _____ | |