

**CHECK OFF LIST FOR A COMPLETE STAFF CONFERENCE
IF PACKET IS NOT COMPLETE OR IN THE CORRECT ORDER, IT WILL BE RETURNED**

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| <p>Staff Conference Packet Order/Stapled (One Packet Per Person)</p> <ol style="list-style-type: none"> Staff Conference Check Off List Showing Packet is Complete Staff Conference Form 5100 Conference Requisition in Everest/Portal & Supporting Documents |
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Requested By (Employee): _____ Site/Department: _____

Name of Conference _____ Conference Location: _____

COMPLETE	N/A	
<input type="checkbox"/>	<input type="checkbox"/>	a. Staff Conference Request Form 5100 is filled out completely
<input type="checkbox"/>	<input type="checkbox"/>	b. Staff Conference Request Form has appropriate Principal/Supervisor & District Signatures
<input type="checkbox"/>	<input type="checkbox"/>	c. Staff Conference Request Form has Committee Signatures (if applicable)
<input type="checkbox"/>	<input type="checkbox"/>	d. Confirmation Employee is Enrolled in Conference must be included (letter, email etc.)

COMPLETE	N/A	
<input type="checkbox"/>	<input type="checkbox"/>	a. Completed Conference Requisition in Everest/Portal is filled out completely
<input type="checkbox"/>	<input type="checkbox"/>	b. Completed Conference Requisition in Everest/Portal Must Include <ol style="list-style-type: none"> Reason Section, Vendor Section, Address Section, Remit Address, etc . . . Details Section Must be Complete & Accurate including Supporting Documents Uploaded

COMPLETE	N/A	
<input type="checkbox"/>	<input type="checkbox"/>	OUT OF STATE CONFERENCE <ol style="list-style-type: none"> Confirm Board Approval Prior to Out of State Conference Taking Place Board Approval Date

COMPLETE	N/A	Hotel Reservation (Indicate Hotel Options) Business Office Staff will make Reservations	Hotel Phone Number	Full Breakfast	
				Yes	No
<input type="checkbox"/>	<input type="checkbox"/>	First Choice (Name)		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Second Choice (Name)		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Third Choice (Name)		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Sharing Room With Other Staff		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	a. Arrival date -			
<input type="checkbox"/>	<input type="checkbox"/>	b. Departure date -			
<input type="checkbox"/>	<input type="checkbox"/>	c. Group code -			

COMPLETE	N/A	
<input type="checkbox"/>	<input type="checkbox"/>	Meals Per Diem & Mileage Must Be On Same REQUISITION
<input type="checkbox"/>	<input type="checkbox"/>	<ol style="list-style-type: none"> Be sure the Completed Conference Requisition has meals and per diem information <ol style="list-style-type: none"> Conference Agenda Must Be Included Type each daily meal breakdown per line in Requisition (Refer to Meal Spreadsheet Form) Be sure the Completed Conference Requisition has mileage information <ol style="list-style-type: none"> Google Maps To & From Conference Must Be Included

Staff members are not eligible for a mileage reimbursement unless a District Vehicle has been requested and is not available or the member has been directed by the Superintendent/designee to use their personal vehicle.

Verification of Check Off List is Complete (Employee) _____ Date: _____

Verification by Principal/Supervisor: _____ Date: _____

Send Completed Staff Conference Paperwork to the Business Department. Business Department will distribute copies as needed.