

# SCHENECTADY CITY SCHOOL DISTRICT

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## BOARD OF EDUCATION

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## OFFICE OF THE SUPERINTENDENT

Anibal Soler, Jr. Superintendent  
Lynne Rutnik, Deputy Superintendent  
Tel: 518-370-8100    Fax: 518-370-8173

## SCSD Conference Request Form 2021-2022 (for teachers, administrators and cabinet members)

### Instructions for:

#### Teachers:

- *Must obtain signature of Principal and secure funding before entering into StaffTrac.*
- *Once in StaffTrac, the request will then be reviewed by the Director of Teaching and Learning and the Assistant Superintendent for Teaching and Learning before final approval. Please allow 30 days for the approval process to take place.*
- *After information is approved in StaffTrac, please send a copy of the completed form to Connie Ayers in the Office of Teaching and Learning.*

#### Administrators and Departments:

- *Administrators should start with direct supervisor's approval and secure funding before entering into StaffTrac.*
- *Once in StaffTrac, the request will then be reviewed by the Director of Teaching and Learning and the Assistant Superintendent for Teaching and Learning before final approval. Please allow 30 days for the approval process to take place.*
- *After information is approved in StaffTrac, please send a copy of the completed form to Connie Ayers in the Office of Teaching and Learning.*

#### Cabinet members:

- *Cabinet members should start with the Superintendent's approval and secure funding before entering into StaffTrac.*
- *Once in StaffTrac, the request will then be reviewed by the Director of Teaching and Learning and Assistant Superintendent for Teaching and Learning before final approval. Please allow 30 days for the approval process to take place.*
- *After information is approved in StaffTrac, please send a copy of the completed form to Connie Ayers in the Office of Teaching and Learning.*

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Please print your name: \_\_\_\_\_

Position/Title: \_\_\_\_\_ Building: \_\_\_\_\_

- I am requesting to attend this conference.
- My supervisor has requested I attend this conference.

Supervisor: \_\_\_\_\_

Person attending the conference completes this part of the form:

- My attendance this year is better than 96%. I have been absent \_\_\_\_\_ days.
- My attendance last year was \_\_\_\_\_%

*I understand any approval to attend this conference is dependent upon a review of my attendance up to the day of the conference.*

Title of Conference:

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Goals/Purpose:

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Length of conference: (include specific dates and times)	Estimated cost of conference: <ul style="list-style-type: none"> <li>• Registration:</li> <li>• Travel:</li> <li>• Room/meals:</li> <li>• Substitute:</li> <li>• Other:</li> </ul>
Location of Conference:	
Funding Source:	

Aligned to: (Check at least 1)

<ul style="list-style-type: none"> <li>• DCIP Priority 1</li> <li>• SCEP Commitment 1</li> </ul>	<ul style="list-style-type: none"> <li>• DCIP Priority 2</li> <li>• SCEP Commitment 2</li> </ul>	<ul style="list-style-type: none"> <li>• DCIP Priority 3</li> <li>• SCEP Commitment 3</li> </ul>
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Strategic Plan: <ul style="list-style-type: none"> <li>• Student and Graduate Success</li> <li>• Passionate People</li> <li>• Partnerships with Families &amp; Community</li> <li>• Efficient Systems &amp; Equitable Resources</li> </ul>
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Please explain how this conference aligns with your role in the District; specifically, how will it improve outcomes for the students with whom you work?

What is your plan for implementation and/or to turn key what you have learned with colleagues? What is the expected timeline for this plan to occur?

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***\*\*Principal completes this portion and returns to staff member.\*\****

Number of people attending the conference:

What is the rationale for this person (these people) to attend this conference if not aligned to DCIP, SCEP or district initiative?

Budget Code: \_\_\_\_\_

Principal Name: \_\_\_\_\_

Principal Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE:** For Administrator or Department Conference Requests, one must obtain the signature of direct supervisor.

Direct Supervisor: \_\_\_\_\_

Date: \_\_\_\_\_

Budget Code: \_\_\_\_\_

**NOTE:** Cabinet members must obtain the signature of the Superintendent.

Superintendent: \_\_\_\_\_

Date: \_\_\_\_\_

Budget Code: \_\_\_\_\_