

**INTERMEDIATE UNIT I**

Fayette-Greene-Washington

ONE INTERMEDIATE UNIT DRIVE  
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LAWRENCE J. O'SHEA  
Executive Director

**REQUEST TO ATTEND CONFERENCE/CONVENTION (12-MONTH EMPLOYEE)**

This form is to be used by Administrators, Program Specialists, Special Education Supervisors, Instructional Advisors and Adult Education Coordinators.

**Name:** \_\_\_\_\_

**Program:** \_\_\_\_\_

**Location:** \_\_\_\_\_

<b>Name of Conference and/or Convention:</b>	<b>Dates:</b>
_____	_____
_____	_____

**Location of Conference and/or Convention:**  
\_\_\_\_\_  
\_\_\_\_\_

**Method of Travel (car, plane, etc.):**  
\_\_\_\_\_

**Employee's Signature and Date:** \_\_\_\_\_

**Approval Granted and Date:** \_\_\_\_\_

**Approval Denied and Date:** \_\_\_\_\_

**Reason:** \_\_\_\_\_

Please complete three (3) copies of the request form. One copy will be returned to the employee, one copy for your Department Director and one copy for the business manager.

HR-7 (Yellow)