

**PARENT-TEACHER CONFERENCE REQUEST FORM**  
**(Civil Service)**

In accordance with the Governor's Administrative Directive No. 93-02 dated December 30, 1993, I request "Administrative Leave" not to exceed two (2) hours (normal travel time included) to attend the scheduled parent-teacher conference. I understand that any excess time will be charged to vacation or other appropriate leaves of absence.

Employee's Name: \_\_\_\_\_

Position Title: \_\_\_\_\_ SR/WB: \_\_\_\_\_

Organization: \_\_\_\_\_  
(College/Institute/Department or Section)

FTE: \_\_\_\_\_% (Hourly paid employees are not eligible for administrative leave)

\_\_\_\_\_  
Employee's Signature Date

**Recommend/Do Not Recommend:**

\_\_\_\_\_  
Immediate Supervisor's Signature Date

**Approve/Disapprove:**

\_\_\_\_\_  
Authorized Designated Representative Date

Date of Parent-Teacher Conference: \_\_\_\_\_ Time: \_\_\_\_\_

School: \_\_\_\_\_ Student's Grade Level: \_\_\_\_\_

Employee's Relationship to Student: \_\_\_\_\_

**Confirmation of Attendance:**

Teacher's Name (Please type or print) \_\_\_\_\_

\_\_\_\_\_  
Teacher's Signature Date

**Note: Please attach written documentation of the scheduled parent-teacher conference. Please return the completed form to your designated personnel representative.**