

LEEWARD COMMUNITY COLLEGE
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: _____

Department: _____

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

Human Resources Office Designee

Date

Date of Parent-Teacher Conference: _____ Time: _____

School: _____ Student's Grade Level: _____

Employee's Relationship to Student: _____

Confirmation of Attendance:

Teacher's Name (Type or Print): _____

Teacher's Signature

Date

NOTE: Please attach written documentation of the scheduled parent-teacher conference. PRIOR CAMPUS APPROVALS ARE REQUIRED. Please return the completed form to the Human Resources Office upon returning from your scheduled conference.