



Sherri Wilson <swilson@lymecsd.org>

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## Training

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**Ariana Morrison** <amorrison@lymecsd.org>  
To: Sherri Wilson <swilson@lymecsd.org>

Thu, May 2, 2024 at 9:52 AM

Reasonable Suspicion Training - Completed 04/30/2024 (~2 hours)

**Ariana Morrison**  
District Treasurer  
Lyme Central School District  
(315) 649-2417 ext: 232

# Lyme Central School District CONFERENCE/WORKSHOP REQUEST FORM

Name Brightlynn Sharlow  
 Conference Title LETRS  
 Location BOCES  
 Dates/Time of Conference 7/10, 8/12, 10/18, 11/6, 11/14, 2/12  
 Cost to District: Check if this is a Model Schools workshop

Registration	\$
Meals	\$
Lodging	\$
Travel	\$
Miscellaneous	\$
<b>Total</b>	\$

Registration completed?

yes

Please describe any miscellaneous expenses:

**Substitute Needed:** Please indicate when a sub will be needed –

Full day \_\_\_\_\_ Half Day X Quarter Day \_\_\_\_\_ (staff are required to find their own coverage for ¼ day) AM - 8-11:00

How will this conference/workshop be of value to you and the District? How will you share with peers and Board of Education?

New reading program. When I get back, I'll share

**NOTE:** All conferences/workshops attended during summer - or at any time outside of contractual workday - a hard copy conference request form MUST be submitted to the district for approval PRIOR to registering, regardless of the conference format (in-person, virtual, etc.).  
 Conference description must be attached. After approval, please register for conf. /workshop.

B. Sharlow  
 Employee Signature

4/12/24  
 Date

Debra J. Morrison  
 Principal Signature

4/15/24  
 Date

\_\_\_\_\_  
 Superintendent Signature (if cost associated)

\_\_\_\_\_  
 Date

For Office Use Only:

CC. A. Morrison  
 Heather Archuleta, Business Office  
Chris Rickett, Sub Caller (if sub is required)

# Lyme Central School District CONFERENCE/WORKSHOP REQUEST FORM

Name Sarah McClusky  
 Conference Title LETRS  
 Location BOCES  
 Dates/Time of Conference 7/10, 8/12, 10/8, 12/6, 1/14, 2/12  
 Cost to District: Check if this is a Model Schools workshop

Registration	\$
Meals	\$
Lodging	\$
Travel	\$
Miscellaneous	\$
<b>Total</b>	\$

Registration completed?

Yes

Please describe any miscellaneous expenses:

**Substitute Needed:** Please indicate when a sub will be needed –

Full day \_\_\_\_\_ Half Day X Quarter Day \_\_\_\_\_ (staff are required to find their own coverage for ¼ day) AM - 8-11:00

How will this conference/workshop be of value to you and the District? How will you share with peers and Board of Education?

New reading program. When I get back, I'll share.

**NOTE:** All conferences/workshops attended during summer - or at any time outside of contractual workday - a hard copy conference request form MUST be submitted to the district for approval PRIOR to registering, regardless of the conference format (in-person, virtual, etc.).  
 Conference description must be attached. After approval, please register for conf. /workshop.

Sarah McClusky  
 Employee Signature

4/12/24  
 Date

Deborah Mulickson  
 Principal Signature

4/15/24  
 Date

\_\_\_\_\_  
 Superintendent Signature (if cost associated)

\_\_\_\_\_  
 Date

For Office Use Only:

CC.  A. Morrison  
 Heather Archuleta, Business Office  
 Chris Rickett, Sub Caller (if sub is required)

Amended 7/6/23

✓ BOE 5/9/24     ✓ SAC     ✓ S. McC.