

## **Training**

**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	B	rightlynn Sharlow
Conference Title	L	ETRS
Location	B	oces
Dates/Time of Con	ference	1/10, 8/12, 1018, 11/6, 1/14, 2/12
Cost to District:	Che	ck if this is a Model Schools workshop
Registration	\$	
Meals	\$	
Lodging	\$	Registration completed?
Travel	\$	VIOS
Miscellaneous	\$	YES
Total	\$	Please describe any miscellaneous expenses:
		Thouse describe any mesentant
Substitute Needed	: Please indicat	e when a sub will be needed –
Full day	Half Day	Quarter Day (staff are required to find their own coverage
for ¼ day)	AM - 8-11:00	
	erence/worksho	p be of value to you and the District? How will you share with peers
and Board of Educ	eation?	
Mely re	adina	program when 1 get back,
1111 Sh	ave.	J
NOTE: All conference	ces/workshops att	ended during summer - or at any time outside of contractual workday - a hard
copy conference req	uest form MUST b	be submitted to the district for approval PRIOR to registering, regardless of the
conference format (in	n-person, virtual, e ation must be atta	etc.). sched. After approval, please register for conf. /workshop.
A source according		1
In Show	MINE	4/12/24
Employee Signature		Date
in to the state of	1	111471
Cearly	MUNUM	30 M 411514
Principal Signature		Date
Superintendent Sig	nature (if cost as	sociated) Date
Caponina in one	( )	
For Office Use Only	<i>/</i> ·	

Amended 7/6/23

VBOE 5/9/24 VSAC VSharlow

A. Morrisch Heather Archulota, Business Office Chris Rickett, Sub Caller (if sub is required)

## Lyme Central School District CONFERENCE/WORKSHOP REQUEST FORM

Name		Sarah McClusky			
Conference Title		LETRS			
		POCES			
Location  Dates/Time of Cor	nference	7/10, 8/12, 10/8, 11/6, 1/14, 2/12			
Cost to District:	il Ci Ci i C	Check if this is a Model Schools workshop			
Cost to District.					
Registration	\$				
Meals	\$				
Lodging	\$	Registration completed?			
Travel	\$	VAQ			
Miscellaneous	\$	100			
Total	\$	Please describe any miscellaneous expenses:			
O. L. Wester Noodle	di Blazca i	indicate when a sub will be needed –			
Substitute Neede	Half Day	Quarter Day (staff are required to find their own coverage	ł		
$\Delta M = 8 - (1.00)$					
for ¼ day)  How will this conference/workshop be of value to you and the District? How will you share with peers					
and Board of Edu	podin	og program. When I get back, I'll			
Chara	e acrit	ig programme			
snare.					
		shops attended during summer - or at any time outside of contractual workday - a hard	i.		
NOTE: All confere	nces/works/ equest form	shops attended during sufficiency at any time outside or registering, regardless of the MUST be submitted to the district for approval PRIOR to registering, regardless of the	е		
conference format	(in-person,	, virtual, etc.). st be attached. After approval, please register for conf. /workshop.			
Conference descr	aption musi	t be attached. After approval, pleases ag			
2	1. DI	1000000			
Older Miller					
Employee Signatu	ure	11.501			
10 DOM 1 MULLIUM 4/15/27					
Principal Signatur	e)	Date /			
0	ignatura (if	f cost associated) Date			
Superintendent S	ignature (ii	f cost associated) Date			

For Office Use Only:

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

Amended 7/6/23