

**State of Hawaii**  
**Application for Parent-Teacher Conference Leave**

Name: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

Other Contact Information: \_\_\_\_\_

Job Title/Department/Location: \_\_\_\_\_

\_\_\_\_\_

1. Period of leave (date/time) and total number of working hours being utilized for Parent-Teacher Conference Leave:

Beginning: \_\_\_\_\_ Ending: \_\_\_\_\_  
Date Time Date Time

Total number of working hours: \_\_\_\_\_

2. Child's Name: \_\_\_\_\_ Child's Grade: \_\_\_\_\_

School: \_\_\_\_\_

Two (2) conferences per child are allowable each calendar year.

Please indicate which conference you will be attending:      1st      2nd

Conference Scheduled (date/time): \_\_\_\_\_  
Date Time

3. Certification

I certify that the above information is true and accurate:

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

\_\_\_\_\_  
Date

4. Determination

Approved

Disapproved \_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date

Received by:	OFFICE USE ONLY	Date:
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