

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:
--------------	-----------------	-------