University of Hawai‘i
Application for Parent-Teacher Conference Leave

Name: _____

Position Title: _____

Department/Location: _____

Child’s Name: _____ Child’s Grade: _____

School: _____

Employee’s Relationship to Student: _____

Two (2) conferences per child are allowable each calendar year. ☐ 1st or ☐ 2nd

Conference Scheduled: _____ _____
Date Time

Certification

I certify that the above information is true and accurate. I understand that I’m eligible for up to two (2) hours (including travel time) to attend a parent-teacher conference. Upon my return, I shall enter the parent-teacher conference leave in the Online Leave System. Any time in excess of two (2) hours shall be charged to other appropriate leave of absence.

_____ _____
Employee’s Signature Date

Campus/School/ Program to Complete

Approved ☐

Disapproved ☐ Reason: _____

_____ _____
Supervisor’s Signature Date

HUMAN RESOURCES REPRESENTATIVE OR DESIGNEE

Received by: Date: