

**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 ☐ 2<sup>nd</sup>

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: