

TULOSO-MIDWAY INDEPENDENT SCHOOL DISTRICT

Employee Request for Out-of-District Travel

Date Received

Central Office

Employee Name: _____ Date of Request _____

Campus/Department _____ Substitute Required: Yes ___ No ___

Dates of Travel/Absent from Duty: From _____ To: _____ Number of Days _____

Event to be Attended: _____ Location: _____

Staff development shall be predominately campus-based, related to achieving campus performance objectives, and developed and approved by the campus-level committee. Evidence of need should be documented in the Campus Improvement Plan. Campus or District objectives are to be addressed from the Campus and/or District Improvement Plan. DMA (LEGAL)

1. _____

2. _____

EMPLOYEE SIGNATURE: _____ Date: _____

RECOMMENDATION OF IMMEDIATE SUPERVISOR

Approved: _____ Disapproved: _____ Reason for Disapproval _____

Comments: _____

Signature of Supervisor _____ Date: _____

Signature of Other Required Approval _____ (i.e. Special Ed, Tech, etc.) Date: _____

THIS SECTION TO BE COMPLETED BY IMMEDIATE SUPERVISOR OR DESIGNEE

[] Submitted to Central Office for APPROVAL ONLY (No travel arrangements required)

Registration Fee: \$ _____ Acct. No. _____ (please attach registration information)

Lodging: \$ _____ Acct. No. _____ (please attach lodging information)

Meals: \$ _____ Acct. No. _____ Mileage: \$ _____ Acct. No. _____

Other (please specify) _____ \$ _____ Acct. No. _____

Source of Funds: (please specify/i.e. Principal, Special Ed, Technology, Title, etc.) _____

DISPOSITION OF REQUEST: Approved _____ Disapproved _____ Comment _____

Central Office Administration: _____ Date _____

(Central Office Use Only) Approval Only: _____ Registered: _____ Date: _____ By _____

White-Central Office

Yellow-Principal-Supervisor

Pink-Employee

Gold-Business Office

TM00150.89 (Revised 8/10)

Employee

Immediate Supervisor

Supervisor/Designee

Central Office

