



KISD Travel/Professional Development Request Form

Before any travel expenses are incurred, the employee's supervisor MUST give written approval via the KISD Travel/Professional Development Request Form, with a copy of the itinerary/agenda attached. Additionally, reimbursements for airfare, hotel and rental cars require prior approval from the Director of Purchasing in accordance with CH(Local).

Please complete the information below and obtain approval **BEFORE** contacting travel agent for each event/conference you plan to attend.

Requestor's Name: _____ **Campus/Dept.:** _____ **Position:** _____

Event Name: _____

Location: _____ **Date(s) of Attendance:** _____

Section 1: Select the most appropriate type of travel you are requesting

- Professional Development/Conference (if selected, please complete all sections)
- Accompanying student group (If selected, skip Section 2. Only sections 1, 3 and 4 must be completed)
- Other (i.e. Professional Meeting/Scouting Trip): _____
(If selected, skip Section 2. Only sections 1, 3 and 4 must be completed)

Section 2: How will information obtained at this professional development/conference meet campus/department/professional goals?

1. Campus/District Improvement Plan Alignment (please list the specific goal and/or strategy): _____
2. Expected Outcome (please be specific): _____
3. Measures of Impact (How will the results/expected outcome be measured?): _____
4. How will you share the information you obtain and with whom? (please be specific): _____

Section 3: Projected Costs & Funding Source: Do NOT leave blanks – indicate \$0.00 if no cost

Hotel \$ _____ Travel \$ _____ Registration \$ _____ Meals \$ _____ Other \$ _____

Funding Source: Campus Funds Admin. Dept. Budget (Specify): _____ Other (Specify): _____

Section 4: Itinerary/Agenda/Credit

Itinerary/Agenda Attached? Yes No

Has this session been entered into Eduphoria Workshop? Yes No

*Credit will not be granted until certificate has been submitted to the Coordinator of Professional Development & Mentoring Services.

Requestor Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____ Approved Denied

Exec. Dir./Dir. Signature (if required): _____ Date: _____ Approved Denied

Area/Asst. Supt. Signature (if required): _____ Date: _____ Approved Denied

Cabinet Member Signature (if required): _____ Date: _____ Approved Denied