

EMERGENCY TRAVEL AUTHORIZATION

School/Department:

Employee's Name:

Type of Travel:

Trip/Name of Workshop:

Destination:

Deadline for Board Agenda Items (prior to travel):

Date of Notification of Event (attach supporting documentation):

Date(s) of Travel: Start: Return:

Deadline for Board Agenda Items (following travel):

Justification of how this travel was an emergency:

Employee's Signature _____
(by signing, the employee acknowledges having read the JCSD Travel Policy DJDAA and the JCSD Travel Procedure's Manual)

Principal's Signature: _____

Director's Signature: _____

Assistant Superintendent's Signature: _____

Superintendent's Signature: _____

