

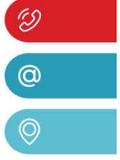


## HUMAN RESOURCES DEPARTMENT

651-351-8340

[www.stillwaterschools.org](http://www.stillwaterschools.org)

1875 South Greeley Street  
Stillwater, MN 55082



# Stillwater Area Public Schools Travel Credit Application Guidelines

The Department of Learning and Innovation is responsible for the review and approval of applications for Travel Credit. To be considered for travel credit, a completed application must be submitted to the Human Resources Supervisor at least one month prior to the travel experience.

### Application Guidelines

- Complete the travel credit application.
- Attach any supporting information.
- Your travel must occur within one calendar year of the approval date.
- Site Administrator's signature is required.
- Send completed application to the Human Resources Supervisor  
1875 South Greeley Street, Stillwater, MN 55082 or by email to  
[humanresources@stillwaterschools.org](mailto:humanresources@stillwaterschools.org)

### Travel Credit Application Checklist

- ✓ There is a clear and concise description of the proposed travel.
- ✓ There is clear evidence that the travel is tied to district/site goals.
- ✓ There is a plan for sharing the travel experience and knowledge gained with other district staff.
- ✓ There is evidence of support from the building level administrator (Principal).
- ✓ The proposal is focused on supporting learning necessary to achieve District/site goals.
- ✓ There is a plan to evaluate the effectiveness of the travel experience for student learning.
- ✓ If a request for travel credit has previously been made, how is this request different?
- ✓ Appropriate signatures have been gathered.





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**Describe the activities to be used to achieve the desired results:**

**State the timeline for the travel:**

**Describe your plans for sharing the travel experience and knowledge gained with other district staff:**

**Describe how you will assess the impact of this travel experience on student performance:**



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APPROVED

\_\_\_\_\_  
Signature of HR Director

\_\_\_\_\_  
Date

NOT APPROVED

\_\_\_\_\_  
Signature of Assistant Superintendent

\_\_\_\_\_  
Date