

COMPENSATION AND BENEFITS
TRAVEL

DEE
(EXHIBIT C)

Form 103

OUT OF STATE
EMPLOYEE TRAVEL APPROVAL FORM

Campus _____ Current Assignment _____

Employee travel may be approved based on the instructional benefits for the students and the District. Out-of-state travel must be submitted to the Assistant Superintendent or Executive Director over the campus or Department. The Assistant Superintendent or Executive Director will review the request and notify the principal. Approval must be granted before an employee registers or makes reservations for a conference.

Name: _____

Campus: _____ Current Assignment: _____

Name of trip/conference and organizer (i.e., TEPSA, TASA, TAGT, etc.) _____

Date of trip/conference: _____ Location: _____

Funding source: Budget (____ school ____ department)
____ Activity Fund
____ Personal
____ Outside Agency

Instructional days out of the classroom: ____ (day/s this trip) ____ (day/s this year)
Substitute required? ____ Yes ____ No

How does this trip relate to the TEKS and/or benefit instruction?
Please explain, including the educational objective:

How does this trip relate to and benefit the Campus Improvement Plan?
Please explain, including the educational objective:

How does this trip relate to and benefit the District Improvement Plan?
Please explain, including the educational objective?

How will the information learned be shared within the District?
____ Certifies applicant to train others in the District ____ Report to principals
____ Report to departments/others on campus ____ Report to the Board, Superintendent's
Leadership Council, or Instructional Collaborative
Team

Does this trip relate to making a presentation representing the District? ____ Yes ____ No
Who initiated the request? ____ The organization or conference ____ The District ____ TEA
(Please attach the notification of acceptance)

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Does this trip relate to an award or recognition for the District? _____ Yes _____ No
Who initiated the recognition? _____ Local _____ State _____ National
(Please attach the acknowledgment of recognition)

Employee signature: _____
Signature Date

CIT approval: _____
(if required by Principal) Signature Date

Principal approval: _____
Signature Date

Director approval: _____
(if outside the campus budget) Signature Date

Assistant Superintendent or Executive Director
approval: _____
Signature Date

All directors must approve travel financed with categorical funds.