

*Please complete the information below
AT LEAST 20 DAYS PRIOR
for each conference you plan to attend.*

Employee's Name _____

Full Name of
Conference/Training: _____

Location: _____

*Briefly state how this travel supports the initiatives stated in the campus or district
improvement plan and/or administrator's professional goals:*

How will others benefit from information you obtain? _____

Employee Signature _____ Date _____

Principal/Supervisor Approval _____ Date _____

Superintendent Approval _____ Date _____