

Marshall County Schools



Attendance at Professional Meetings

Travel Request

_____ Date received by county

Name: _____ School: _____

Title of Conference/Workshop/Meeting: _____

Date(s): _____ Location: _____

Requesting: (Check appropriate areas)

_____ Time

_____ *Estimated expenses _____ lodging _____ mileage _____ registration

*Receipts required for lodging, registration, parking and toll fare

_____ Number of days for Substitute

_____ Other (define)

Funding Source: _____ Pre-Approved by: _____

(Title I, Title II, Staff Development, Special Education, Vocational, Other-specify)

Indicate the Schools Strategic Plan Goal that this staff development activity addresses. Also include what new information will be required.

Follow-Up Activity

It is understood that those who attend professional meetings will share information with colleagues upon their return from the workshop, meeting or conference. Please complete the following regarding the follow-up activity:

Target Audience: _____ Time (hr. min.) _____

Date: (approximate): _____ Location: _____

SUBMIT AGENDA, SIGN-IN, EVALUATION, AND MATERIALS AT THE CONCLUSION OF YOUR SESSION TO THE APPROPRIATE ADMINISTRATOR.

REQUEST MUST BE SUBMITTED TO THE APPROPRIATE COUNTY OFFICE ADMINISTRATOR BY NOON ON WEDNESDAY PRIOR TO THE NEXT BOARD MEETING.

Submitted by: _____ Approved by: _____
Teacher Principal

Approved by: _____
Administrator

NOTE: This form is to be completely filled out or will be returned without approval.