



PROFESSIONAL LEAVE/STAFF DEVELOPMENT TRAVEL REQUEST FORM

Leave Requested by: District Employee Campus Campus/Dept. _____

Name: _____ Signature: _____

Title of Conf./Training: _____ Location: _____

Departure: Date _____ Time _____ Return: Date _____ Time _____

Is this request congruent with the objectives of your Campus Improvement Plan? Yes No

Total number of staff attending this training: _____ Estimated travel cost: \$ _____

Principal/Supvr. Approval: _____ Date _____

I certify that funds are available in the budget indicated.

Executive Director/Designee Approval: _____ Date _____

Funding Source for Travel

Local	Budget: _____	Prin./Dir. Approval: _____
Federal	Budget: _____	Director Approval: _____
Other* (specify) _____	Budget: _____	Director Approval: _____

* CATE, GT, Spec. Ed., etc.

Sub Required <input type="checkbox"/> Yes <input type="checkbox"/> No		Date/s Sub Required: _____
Teaching Assignment	AD/AM/PM	Budget Code Approval <input type="checkbox"/> Local (Campus Principal) <input type="checkbox"/> Federal (Federal Prog. Director) <input type="checkbox"/> Other(specify) _____
Budget Code: _____		
Sub Assigned (HR use only): _____		Signature: _____

ROUTE FOR APPROVAL: PRINCIPAL → PROGRAM DIRECTOR → EXECUTIVE DIRECTOR

COMPLETED FORM ALONG WITH WORKSHOP DOCUMENTATION MUST BE ATTACHED FOR FINAL APPROVAL.

PLEASE SUBMIT FORM AT LEAST THREE WEEKS PRIOR TO DATE OF TRAVEL.