## FILE

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## Request to Attend Professional Development/Travel

## Pre-Approval Form

This form needs to be completed and submitted to the Executive Director at least two weeks prior to the requested event. If out-of-state travel is requested, allow at least four weeks for processing.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Requestor Information | | | | | | |
| **Employee Name** | |  | | **Date of Request** | |  |
| **Program** | |  | | **Event Date(s)** | |  |
| **Title of Event** | |  | | **Event Time(s)** | |  |
| **Location of Event** | |  | | **Event Sponsor** | |  |
|  | | | | | | |
|  | | | | | | |
| Event Information Objectives | | | | | | |
| |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **Description of Workshop** (Include what knowledge or skills you will learn; the benefits to NWSISD; and how this  event will impact your work.) Attach a copy of the program brochure and website address.   |  |  |  |  |  | | --- | --- | --- | --- | --- | | |  |  | | --- | --- | |  |  | |  |  | |  | | | | | | | |
| **Is this Professional Development event offered at no-cost?**  Yes  No  If no, complete the following section. | | | | | | |
| Professional Development Expenses | | | | | | |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | |  |  |  |  |  | | --- | --- | --- | --- | --- | | Conference Registration |  | Yes |  | No Conference Fee $ \_\_\_\_\_\_\_\_\_ | | | |  |  |  |  |  | | --- | --- | --- | --- | --- | | Hotel Needed |  | Yes |  | No Estimated Lodging $ \_\_\_\_\_\_\_\_\_ | | | | | | | | |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | |  |  |  |  |  | | --- | --- | --- | --- | --- | | Airfare Needed |  | Yes |  | No Estimated Airfare $ \_\_\_\_\_\_\_\_\_ | | | |  |  |  |  |  | | --- | --- | --- | --- | --- | | Per Diem Needed |  | Yes |  | No (Per diem is based on city/state) | | | | | | | | |
|  | Total Estimated Cost $ \_\_\_\_\_\_\_\_\_\_\_ | |  | |  | |
| : By: | | | | | | |
| Confirmation of Approval/Non-Approval | | | | | | |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Approved:  Yes  No | Reason for Denial: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  |  | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Executive Director Signature Date |  |  | | | | | | | | | |

*Upon Executive Director’s approval, the original request is submitted to the Executive Assistant for processing and a copy will be given to the employee.*