## FILE

##

## 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 [ ]  NoIf 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.*