



Conference/Overnight Travel Request

Employee Name: _____

Name of Conference: _____

Location of Conference: _____

Dates of Absence: _____

Dates Requested to be excused

- In-State
- Overnight(s)*
- Out-of-State*

* must have Board Approval

Estimated Cost

Registration Fee: _____
Meals: _____
Travel: _____
Hotel: _____
Other (specify): _____
Total Cost: _____

I will be absent for: Full Day Morning Afternoon

Substitute required: Yes No

Total Days Absent: _____

**** Form must be submitted in a reasonable amount of time to ensure board approval**

Employee Signature: _____ Date: _____

Date Submitted to Supervisor: _____

Supervisor Approval: _____ Date: _____

Director Approval: _____ Date: _____

Superintendent Approval: _____
(After Board Approval)