

Ector County ISD
068901

COMPENSATION AND BENEFITS
TRAVEL

DEE
(EXHIBIT C)

Form 103

OUT OF STATE
EMPLOYEE TRAVEL APPROVAL FORM

Campus PERMIAN ODESSA HIGH NEW TECH ATC Current Assignment Career and Tech Teachers

Employee travel may be approved based on the instructional benefits for the students and the District. Out-of-state travel must be submitted to the Assistant Superintendent or Executive Director over the campus or Department. The Assistant Superintendent or Executive Director will review the request and notify the principal. Approval must be granted before an employee registers or makes reservations for a conference.

Name: CANDY THOMPSON / ANN KENNEDY / DANA ESTEP /

Campus: PHS/OHS/NTO/ATC Current Assignment: TEACHER

Name of trip/conference and organizer (i.e., TEPSA, TASA, TAGT, etc.)
BPA NATIONAL LEADERSHIP CONFERENCE/CONTEST

Date of trip/conference: April 30-May 4, 2014 Location: Indianapolis, IN

Funding source: Budget (xxxxx school xxxxx department)
 Activity Fund
 Personal
 Outside Agency

Instructional days out of the classroom: 3 (day/s this trip) 5 (day/s this year)
Substitute required? xxxxxx Yes No

How does this trip relate to the TEKS and/or benefit instruction?
Please explain, including the educational objective:

Students will participate in seminars on leadership, citizenship and certifications in Microsoft Office and Adobe as well as compete in competitions.

How does this trip relate to and benefit the Campus Improvement Plan?
Please explain, including the educational objective:

Students will learn to network and participate in various activities that promote participation in Business/Audio Video and Graphic Design skills and occupations.

How does this trip relate to and benefit the District Improvement Plan?
Please explain, including the educational objective?

Students have qualified by preparing for local and state competitions and have advanced on to the national leadership conference in Indianapolis. CTE classes have worked together to prepare for the conference.

How will the information learned be shared within the District?

Certifies applicant to train others in the District
 Report to departments/others on campus

Report to principals
 Report to the Board, Superintendent's Leadership Council, or Instructional Collaborative Team

Does this trip relate to making a presentation representing the District? Yes xxxxxxx No
Who initiated the request? xxxxxx The organization or conference The District TEA
(Please attach the notification of acceptance)

DATE ISSUED: 01/14/03
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ADOPTED: 12/17/02
UPDATED: 08/24/2006

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Does this trip relate to an award or recognition for the District? Yes No
Who initiated the recognition? Local State National
(Please attach the acknowledgment of recognition)

Employee signature: Thompson, Candy Signature of Candy Thompson
2014-01-29 10:29:14 AM
See 2014-01-29 10:29:14 AM January 29, 2014

Signature

Date

CIT approval: _____
(if required by Principal) Signature Date

Principal approval: _____
Signature Date

Director approval: Carla Byrne 1.30.14
(if outside the campus budget) Signature Date

Assistant Superintendent or Executive Director approval: [Signature] 1/31/14
Signature Date

All directors must approve travel financed with categorical funds.