

OUT-RADIUS STAFF TRAVEL REQUEST FORM

#4 Feb

MINIDOKA COUNTY JOINT SCHOOL DISTRICT # 331

DATE SUBMITTED:		NAME OF STAFF TRAVELING:	
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(SUBMIT TYPED FORMS ONLY; DO NOT PRINT AND HANDWRITE):

NOTE: OUT OF RADIUS IS TRAVEL OVER 300 MILES AND MUST BE APPROVED BY THE BOARD; A SEPARATE FORM MUST BE FILLED OUT FOR EACH TYPE.

LIST TRIP(S) THAT ARE REQUIRED BY GRANT, OR GOVERNMENTAL RULES AND REGULATIONS, OR CONSIDERED IMPERATIVE TO THE OPERATIONS OF THE DISTRICT. ALL REQUESTS ARE SUBJECT TO APPROVAL. THE DEADLINE FOR ALL TRIP REQUESTS IS THE FIRST MONDAY OF EACH MONTH (ALL OUT-OF-RADIUS TRIP REQUESTS ARE REVIEWED AT THE SEPTEMBER BOARD MEETING).

DATE(S) OF TRAVEL	NAME OF CONFERENCE, WORKSHOP, OR ACTIVITY	LOCATION OF CONFERENCE, WORKSHOP, OR ACTIVITY CITY & STATE	ITEMIZED EXPENSES (INCLUDE AIRFARE, MEALS, MILEAGE, REGISTRATION, LODGING, SHUTTLE, CAR RENTAL, ETC.) & TOTAL		TOTAL COST OF EXPENSES	AMOUNT EMPLOYEE WILL PAY	AMOUNT REQUESTED FOR DISTRICT TO PAY	SPECIFIC FUNDING SOURCE
			MEALS	MILEAGE				
MARCH 8-11, 2016	ACT ASPIRE PERFORMANCE LEVEL DESRIPTOR WORKSHOP	MINNIAPOLIS, MI	MEALS	MILEAGE	\$ 0 -	\$ 0 -	\$ 0 -	ACT ASPIRE
			LODGING	REGISTRATION	\$ -	\$ -	\$ -	
			AIRFARE	OTHER	\$ -	\$ -	\$ -	
			MEALS	MILEAGE	\$ -	\$ -	\$ -	
			LODGING	REGISTRATION	\$ -	\$ -	\$ -	
			AIRFARE	OTHER	\$ -	\$ -	\$ -	
			MEALS	MILEAGE	\$ -	\$ -	\$ -	
			LODGING	REGISTRATION	\$ -	\$ -	\$ -	
			AIRFARE	OTHER	\$ -	\$ -	\$ -	
					TOTAL:	TOTAL:	TOTAL:	

WHY TRAVEL IS REQUIRED OR RECOMMENDED? I was invited to attend the ACT Aspire Aspire Performance Level Desriptor Workshop	\$ -	\$ -	\$ -	
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WHAT IS YOUR PURPOSE FOR ATTENDING WORKSHOPS, CONFERENCES OR ACTIVITIES? I will participate in writing content discriptors for grades 3-4 in the math content area.

HOW WILL THE INFORMATION GAINED FROM THIS TRAVEL BE SHARED WITH STAFF AND THE BOARD? To the extend that I am able to share information about the workshop, I will share with teachers during PD days, faculty meetings or when invited to do so.
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HOW WILL THE EFFECTIVENESS OF THE TRAINING BE ASSESSED (OBSERVATIONS, ASSESSMENTS, ETC.)? Interview with Mrs. Baker when I return from the workshop.
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A TRAVEL REIMBURSEMENT FORM MUST ALSO BE FILLED OUT TO REQUEST PERDIEM
INCOMPLETE TRAVEL REQUESTS WILL BE RETURNED FOR ADDITIONAL INFORMATION.

SIGNATURE OF SUPERVISOR/ADMINISTRATOR: 		
SIGNATURE OF SUPERINTENDENT: 2-22-16	BOARD APPROVAL DATE:	2-22-16