Ector County ISD 068901

TRAVEL DEE (EXHIBIT C)	
Form 103 OUT OF STATE EMPLOYEE TRAVEL APPROVAL FORM	
Campus Career Center Current Assignment Welding	
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. <u>Approval must be granted before an employee registers or makes reservations for a conference.</u>	
Name: Natividad Armendarez	
Campus: <u>Career Center</u> Current Assignment: <u>Welding</u>	
Name of trip/conference and organizer (i.e., TEPSA, TASA, TAGT, etc.) Washington Kegdership Training L	ns/
Date of trip/conference: September 15-19, 2007 Location: Herndon, KingInia	
Funding source: Budget (school department) Activity Fund Personal Outside Agency	
Instructional days out of the classroom: (day/s this trip) (day/s this year) Substitute required? Yes No	
How does this trip relate to the TEKS and/or benefit instruction? Please explain, including the educational objective: the this trip helps us meet our miss. The experience associated with this trip helps us meet our miss. Of helpins our students become self directed learners effective commun. Cators and collaborative team members.	ion
How does this trip relate to and benefit the Campus Improvement Plan? Please explain, including the educational objective: The advanced training offered to instructors and students at this leader conference will focus on leadership shills needed to successful at work care and personal lives.	
How does this trip relate to and benefit the District Improvement Plan? Please explain, including the educational objective? The activities of leadership associated with this trip will help prepare our students for life after high School. The activities combine our TEAS objectives that help our students prepare to become productive members of our communities. How will the information learned be shared within the District? Certifies application to train others in the District.	þ
Certifies applicant to train others in the District Report to departments/others on campus Leadership Council, or Instructional Collaborative Team	
Does this trip relate to making a presentation representing the District? <u>Yes</u> No Who initiated the request? <u>The organization or conference</u> The District TEA (Please attach the notification of acceptance)	
DATE ISSUED: 01/14/03 ADOPTED: 12/17/02 1 of 2 DEE (EXHIBIT C) UPDATED: 08/24/2006 1 of 2	

Ector County ISD 068901

COMPENSATION AND BENEFITS TRAVEL

DEE (EXHIBIT C)

Does this trip relate to an award or recognition for the District? Who initiated the recognition? _____Local _____State (Please attach the acknowledgment of recognition) No Yes National añ Employee signature: Date Signature CIT approval: Date (if required by Principal) Signature Principal approval: Date Signature 0 (U/M č Director approval: Signature Date (if outside the campus budget) Assistant Superintendent or Executive Director approval: Date Signature

All directors must approve travel financed with categorical funds.

DATE ISSUED: 01/14/03 DEE (EXHIBIT C) ADOPTED: 12/17/02 UPDATED: 08/24/2006 Ector County ISD 068901

STUDENT ACTIVITIES: TRAVEL FMG (EXHIBIT 21)

EXTRA-CURRICULAR STUDENT TRAVEL APPROVAL FORM

Student travel must be approved based on the direct benefits for the students. The trip must have approval of Superintendent or designee before any travel arrangements and reservations are made or students and parents become involved with any facet of the trip. Out-of-state travel must have Board approval.
Name of Group: Welding SkilleUSA Campus: Career Center
Date of trip: <u>09/15-19/2007</u> Grade levels involved: <u>1244</u> Number of students: <u></u> Number of instructional daysr_3_ Location: <u>Hernory</u> Virginia (Please attach an itinerary)
Funding source: Campus Budget Department Budget Activity fund Personal
Instructional days out of the classroom: The sponsors/coaches/directors have checked the accrued number of days for each participant? Yes No Non-athletic
Trip function: <u>Cocurricular</u> Extracurricular Competition
Trip profile:In-stateOut -of-stateOverseasTourField tripInvitationalAnnualBiennialPost-districtCompetition associated with a tour or attraction
Transportation mode:School busSchool suburbanCharter busplane
How does the trip relate to and benefit the Campus Improvement Plan, District Improvement Plan and/or the TEKS? The activities associated with this trip compine our TEKS objectives and helps our campus accomplish our objective to help students become self divided learners and collaborative team members. Does the trip require fund-raisers?YesNo
Are deadlines established to guide the sponsors/directors if the trip has to be canceled due to lack of funding?
How many sponsors will accompany the students?/Students (gender appropriate)
Student orientation - Date: Parent orientation - Date: Sponsor orientation - Date: Sponsor criminal background check - Date: Will any kind of insurance be required? Will room and baggage searches be required? Will room and baggage searches be required? Time: 10:00 Am Location: Time: 10:00 Am Location: Time: 10:00 Am Location: Time: 10:00 Am Location: Time: Time: Time: 10:00 Am Location: Time: 10:00 Am Location: Time: Yes No
Medical and travel releases, will be/required,
Coach/Sponsor:
Field Trips/Excursions
Principal approval:
(District Sanctioned Competition) (K-8 Field Trips/Excursions)
Superintendent or designee
(Signature) (Date)
Board (Out-of-state) approval:
(Signature) (Date)
DATE ISSUED: 04/21/04 REVIEWED: 04/20/04 1 OF 1 FMG (EXHIBIT 21)