

STAFF TRAVEL REQUEST FORM

Turtle Mountain Community School

Name(s): _____ Date: _____

Event Name(s): _____

Date(s) of Event: _____

Funding Source (Administration will specify source): _____

1. How will attending this event benefit you in your job responsibilities?

2. How will attending this event benefit the school system?

3. What method and with whom do you plan to share the knowledge gained at this event? (Ex. Share handouts w/Admin, Teachers, etc. at Dept. Head Meetings, School Board Meetings, etc.)

4. When will you share this information?

Date: _____ Time: _____ Place: _____

5. Please provide Superintendent with a sign-in sheet of the people who attended your presentation.

Principal Approval: _____ Date: _____

Superintendent Approval: _____ Date: _____