 **KISD Travel/Professional Development Request Form**

Before any travel expenses are incurred, the employee’s supervisor MUST give written approval via the KISD Travel/Professional Development Request Form, with a copy of the itinerary/agenda attached. Additionally, reimbursements for airfare, hotel and rental cars require prior approval from the Director of Purchasing in accordance with CH(Local).

Please complete the information below and obtain approval **BEFORE** contacting travel agent for each event/conference you plan to attend.

**Requestor’s Name:**  **Campus/Dept.:** **Position:**

**Event Name:**

**Location:** **Date(s) of Attendance:**

**Section 1: Select the most appropriate type of travel you are requesting**

**[ ]** Professional Development/Conference **(if selected, please complete all sections)**

**[ ]** Accompanying student group **(If selected, skip Section 2. Only sections 1, 3 and 4 must be completed)**

**[ ]** Other (i.e. Professional Meeting/Scouting Trip):

 **(If selected, skip Section 2. Only sections 1, 3 and 4 must be completed)**

**Section 2: How will information obtained at this professional development/conference meet campus/department/professional goals**?

1. Campus/District Improvement Plan Alignment (please list the specific goal and/or strategy):
2. Expected Outcome (please be specific):
3. Measures of Impact (How will the results/expected outcome be measured?):
4. How will you share the information you obtain and with whom? (please be specific):

**Section 3: Projected Costs & Funding Source: Do NOT leave blanks – indicate $0.00 if no cost**

Hotel $ Travel $ Registration $ Meals $ Other $

Funding Source: [ ]  Campus Funds [ ]  Admin. Dept. Budget (Specify):  **[ ]**  Other (Specify):

**Section 4: Itinerary/Agenda/Credit**

Itinerary/Agenda Attached? **[ ]** Yes **[ ]** No

Has this session been entered into Eduphoria Workshop? **[ ]** Yes **[ ]** No

\*Credit will not be granted until certificate has been submitted to the Coordinator of Professional Development & Mentoring Services.

Requestor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Approved **[ ]**  Denied **[ ]**

Exec. Dir./Dir. Signature (if required): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Approved **[ ]**  Denied **[ ]**

Area/Asst. Supt. Signature (if required): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Approved **[ ]**  Denied **[ ]**

Cabinet Member Signature (if required): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Approved **[ ]**  Denied **[ ]**