Shelton School District
Out-of-State Training Request for Staff

Name____________________________________________________________Date_____________________________
Title/Position______________________________________________________School___________________________
Travel Dates:   From__________________________________To_____________________________________________
Destination________________________________________________________________________________________
Purpose of Travel___________________________________________________________________________________
__________________________________________________________________________________________________
1. What is the source of funding for the training/travel?____________________________________________________
__________________________________________________________________________________________________
2. Is the funding earmarked by a grant for this training/travel?_______________________________________________
__________________________________________________________________________________________________
3. Is similar/equivalent training available in-state or at a closer location?_______________________________________
__________________________________________________________________________________________________
4. Why is the training important to school improvement?___________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
5. How will this training be shared and implemented at the building/district?___________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________

<table>
<thead>
<tr>
<th>Total Cost of Travel</th>
<th>Reimbursement Requested From School District</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>General Fund</td>
</tr>
<tr>
<td>Lodging</td>
<td>$______________</td>
</tr>
<tr>
<td>Meals</td>
<td>$______________</td>
</tr>
<tr>
<td>Transportation</td>
<td>$______________</td>
</tr>
<tr>
<td>Registration</td>
<td>$______________</td>
</tr>
<tr>
<td>Parking, etc.</td>
<td>$______________</td>
</tr>
<tr>
<td>Substitute Teacher</td>
<td>$______________</td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>$______________</td>
</tr>
<tr>
<td>Total</td>
<td>$______________</td>
</tr>
</tbody>
</table>

General Fund Account Code____________________________________________ ASB Fund Account Code___________________________
Employee’s Signature___________________________________________________
Building Administrator’s Signature________________________________________
School Board Action: Approved {   } Denied {   } Date______________________________

*Travel form must be received by the Superintendent’s Office seven (7) days prior to the school board meeting.

Revised 2/13/07