Middlesex County Magnet Schools Employee Travel Request Form - Seminar/Conference Travel

Employee	Date
Employee Title	Event Date
Event Name Location	Total Days of Travel
Training needed for:	Certification required for employment Continuing education requirements Requirement for federal or state law Related to current program or soon to be implemented program Related to school district operations
Travel funding source:	☐ Federal Grant ☐ State Grant ☐ Local District Funds
Travel request source: (check only one)	Required by Supervisor/Administration Requesting contractual professional development stipend
Primary purpose for tr	ravel:

Key areas to be addressed:

Relevance of training to improving instruction or operations:
Justification of the importance of individual attending the event (to be completed by supervisor, principal or department heads):
(to be completed by supervisor, principal of acparament heads).
Supervisor signature
Employee Certification
The undersigned certifies the following:
I •wn the pers•nal automobile used for travel that will be reimbursed by the district.
I maintain current auto liability insurance on the vehicle used for district travel.
If I travel by air, I will not accept any frequent flyer miles.
If I receive any airline vouchers as a result of delayed flights, I will relinquish them to the District.
Employee signature