



REQUEST FOR APPROVAL OF TRAVEL

Salinas Union High School District

1900 Independence Blvd., Salinas, CA 93906
831.796.7864 (Office) 831.796.7886 (Fax)

This form must be completed prior to any district related travel by SUHSD employees. Fill out the form in its entirety and obtain necessary approval at least **8 weeks** prior to travel dates to ensure pre-payment of expenses.

I. TRIP INFORMATION

Conference Name: _____

Participant/s: _____

Location: _____

Travel date(s): _____

Purpose of Travel: _____

Targeted audience: _____

What district plan objective and/or SPSA goal will be met? (i.e. LCAP Goal #1.7) _____

Justification for out of state travel:

☐ Conference is not available in CA and content is relevant to CA

☐ The timing of conference would impact substitute pool

☐ The timing of conference in CA is during our testing window

☐ Other (explain) _____

II. ESTIMATED EXPENSES

HRA # _____

Registration: _____

Travel-Plane _____

Travel-Car _____

Lodging: _____

Meals: _____

Substitute _____

Other: _____

Total cost: _____

Funding Source: _____

By attending this conference teachers agree to: one or more

1. Share new learning with Steering Committee members with a formal presentation.
2. Share new learnings with site PLC and/or Department meeting.
3. Apply new learnings in my classroom.
4. Inform district-wide teams of new learning that will impact curriculum and instructional design for my content area.

Submitted by: _____ Site _____ Dept. _____ Date _____

Approved By: _____ Date _____
Principal/Director