

AMITE COUNTY SCHOOL DISTRICT

EMPLOYEE PROFESSIONAL TRAVEL JUSTIFICATION FORM

Complete and obtain required approval prior to professional travel.

SECTION I - EMPLOYEE AND TRAVEL INFORMATION

Employee Name:		Position/Title:	
School/Dept.:		Supervisor:	
Travel/Event:			
Destination:		Travel Dates:	
Conference/Provider:			
Estimated Cost:		Funding Source:	

SECTION II - PROFESSIONAL JUSTIFICATION

1. How does this professional travel align with your current job requirements and responsibilities?

2. What specific knowledge, skills, strategies, or resources do you expect to gain from this professional travel?

3. How will this travel support district, school, department, instructional, operational, or student achievement goals?

4. How will you ensure that the knowledge gained is shared with other practitioners in your building or department?

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SECTION III - EMPLOYEE CERTIFICATION

By entering my initials below, I certify that the requested travel is directly related to my professional responsibilities and that, if approved, I will participate fully in the identified activity, maintain required documentation, and share relevant knowledge gained in support of the Amite County School District.

Employee Initials (Electronic Signature):

Date:

SECTION IV - SUPERINTENDENT APPROVAL

Superintendent's Signature of Approval

Date