



NORTH TIPPAH SCHOOL DISTRICT

Dr. Dax Glover, Superintendent

20821 Hwy 15, Falkner, MS 38629

Phone: 662-837-8450 Fax: 662-837-8455

WORKSHOP/CONFERENCE PRE-APPROVAL FORM

Date of Submission: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Employee Name: \_\_\_\_\_

Date(s) of Meeting: \_\_\_\_\_ Location: \_\_\_\_\_

Title and Description of Meeting: \_\_\_\_\_

Learning Objective Addressed: \_\_\_\_\_

Personal Growth Objective Addressed: \_\_\_\_\_

Registration Cost: \_\_\_\_\_ Lodging Cost: \_\_\_\_\_

Meals: \_\_\_\_\_ Mileage: \_\_\_\_\_ Miles @ \$0.70/mile = \_\_\_\_\_

Cost of Substitute Teacher: \_\_\_\_\_

Agency (Fund) Responsible for Cost: \_\_\_\_\_

(Agency responsible should be completed by school site administrator and sign below program director.)

\*I understand that permission to travel is not granted until I have, in my possession, a signed copy of a pre-approval travel form. I further understand that travel is limited to two trips per year unless specifically designated by the Superintendent. If approved for travel, I agree to provide a brief presentation to the staff of my school or district during the next faculty meeting in order to share the related information I gained from this travel. The district shall not be held financially responsible for travel outside of these guidelines.

Teacher Signature: \_\_\_\_\_

Principal Signature: \_\_\_\_\_ Approval \_\_\_\_\_ Non-Approval

Superintendent Signature: \_\_\_\_\_ Approval \_\_\_\_\_ Non-Approval

\*\*The principal, teacher, and the professional development coordinator will keep a copy of this form. A copy MUST be attached to the travel voucher when it is submitted for payment.