

TRAVEL PRE APPROVAL FORM

NAME _____ BUILDING _____
File Folder _____ Phone _____
License Expires _____

CATEGORY:1.

One week of approved travel equals ten (10) clock hours, provided that the objectives for educational and personal growth have been stated on the travel approval form and approved by the local committee.

DATES OF TRAVEL: _____ NUMBER OF WEEKS: _____

DESTINATION(S): _____

Educational objectives to be taught or related to classroom activities: _____

And/or personal growth gained by the travel: _____

I request approval of _____ renewal clock hours for this travel experience.

(Upon completion of travel, resubmit clock hours on your relicensure record. ;

Signature of Teacher

Date

Approval of Local Committee

Date