State of Alabama



**DYS TRAINING / TRAVEL REQUEST FORM**

**IN-STATE OUT-OF-STATE**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name:** |  | | | | **Job Title:** | |  | | | | | |
| **Title of Training/**  **Purpose of Travel:** | |  | | | | | | | | | | |
| **Location:** | |  | | **Date(s) of Training** | |  | | | | | | |
| **Registration Cost:** | |  | | **Requested cost:** | | **State** | | | **Federal** | | **Other** | |
| **Mode of Transportation:** | | | **Air** | **State Vehicle** | | | | | **Personal Vehicle** | | | |
| **Est. Mileage (personal vehicle use only):** | | | **(Round**  **Trip):** | **Are you currently a dues paying member of this organization?** | | | | **Yes** | **No** | **# of hours training** | |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **List the Workshop/Conference/Program topics to be offered that relate to your job responsibilities. How will the topics enhance your effectiveness in your current position? (Attach conference agenda)** | | | |
|  | | | |
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|  | | | |
| I respectfully submit this request to attend the above identified event/ training. I understand that, if approved, I must attend all portions of the event. I also understand that failure to attend will forfeit the right to reimbursement and could result in disciplinary action. | | | |
| **Employee Signature:** |  | **Date submitted:** |  |

**Required Signatures:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Immediate Supervisor:** | **Date:** |  | **Approved** | **Denied** |
| **Campus Administrator/School Principal:** | **Date:** |  | **Approved** | **Denied** |
| **Deputy Director/Superintendent:** | **Date:** |  | **Approved** | **Denied** |
| **Executive Director:** | **Date:** |  | **Approved** | **Denied** |

*\*A copy of the program agenda* ***MUST*** *be attached. You are responsible for submitting registration, unless otherwise directed. Out of State travel requires on-line application and approval as well.*