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)** |
|  |
|  |
|  |
| 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.*