

Clay County Public Schools

Request to Travel

*(To be completed and approved 5 days **prior to** all out-of-town travel.)*

Meeting Title_____

Location_____ **Date of Meeting** _____

Justification for Attendance_____

Requested By: _____ **Date of Request**_____

District Supervisor of Program

Principal

Superintendent

Approval Date

FUND SOURCE:

Conference/Training

Mileage/Meals

Lodging

Substitute Teacher

Clay County Public Schools
Request for Substitute
Information For Staff Requiring Substitute

School:

Name of Staff Member:

Date of Absence:

Name of Substitute:
