## STAFF DEVELOPMENT/MEETING REQUEST

I would like to att	end the following:	
Conference	Workshop	Seminar Other (Explain)
Activity Title:		
Description: (At	ttach Agenda/Brochure)	):
<b>Travel Destinati</b>	ion: City:	State:
Funding Source	:	Amount:
_		
***Date(s) of Activity:		I will return to work on:
	Total number of	days absent:
Employee Signature		Date
Principal Signature*		Date
S	School Name:	
***BUILDING L	DESIGNEE:	
*Principal's sign	nature is required for AF	P Requests
	mitted at least ten (10)	ent (conference, workshop, seminar, etc.) that you plan to attend. Forms workdays prior to the event. Requests must be approved before
RETURN THIS F	ORM TO: Appropriate	Supervisor
CENTRAL OFFIC	CE USE ONLY	
Date Received:		
Request is:	Approved	Not Approved
Δ	pproval Signature	Date
Executive Committee Approval (if needed):		
	mittee Approvai (ii need	
	Director of Schools	Date
Board Chairman		Date
Maury County Board of Education Approved:		oved:  Date