

# Out-of-District Travel Request Form



|   |                         |                 |                         |
|---|-------------------------|-----------------|-------------------------|
| Work Site:  |                         |                 |                         |
| Applicant Name:   |                         |                 |                         |
|   | (Last Name)             | (First Name)    | (Middle Name)           |
| Address:  |                         |                 |                         |
|   | (Apt. #, Street Name)   | (City)          | (Province, Postal Code) |
| Contact Info:   |                         |                 |                         |
|   | (Cell or Other)         | (Email)         |                         |
| Emergency Contact Info:   |                         |                 |                         |
|   | (Name and Relationship) | (Cell or Other) |                         |
| <p><i>Personal information is collected by Mission Public Schools under <b>section 26 (c)</b> of the Freedom of Information and Protection of Privacy Act and for the purpose of administration in the School District. If you have questions about this form, or the collection and use of this information, contact the <a href="#">Information and Privacy Coordinator</a>, School District No. 75, Tel: 604-826-6286.</i></p> |                         |                 |                         |
| Purpose of Travel: <input type="checkbox"/> Pro D <input type="checkbox"/> Conference <input type="checkbox"/> Business Meeting <input type="checkbox"/> Other:   |                         |                 |                         |
| Description:  |                         |                 |                         |
| Destination:  |                         |                 |                         |
| Accommodation:  |                         |                 |                         |
| Dates of Travel:  | Departure:              | Return:         |                         |
| Transportation:   |                         |                 |                         |
| <b>EMPLOYEE REQUEST FOR APPROVAL:</b>   |                         |                 |                         |
| <input type="checkbox"/> I acknowledge that I have read, understand, and agree to the above and give my consent to the collection, use and disclosure of the personal information on this form for the purposes of School District Funded Travel.   |                         |                 |                         |
| Date:   | Name:                   | Signature       |                         |
| <b>SUPERVISOR APPROVAL</b> (All travel must be approved by your supervisor)   |                         |                 |                         |
| Date:   | Name:                   | Signature       |                         |
| <b>TRAVEL OUTSIDE OF B.C.</b>   |                         |                 |                         |
| All travel outside of BC must be approved by the Superintendent and Secretary-Treasurer.<br><i>Superintendent and Secretary-Treasurer travel outside of B.C. must be approved by the <a href="#">Board of Education</a></i>   |                         |                 |                         |
| Date:   | Name:                   | Signature       |                         |
| Date:   | Name:                   | Signature       |                         |
| Date of Board Approval:   |                         |                 |                         |

- Distribution:
1. Supervisor retains a copy for emergency contact info during travel - destroy after travel is complete
  2. Original - attach to Out of District Travel Expense Reimbursement Claim Form