

**MARYLAND STATE DEPARTMENT OF EDUCATION**  
**OUT-OF-STATE TRAVEL ADDENDUM**  
**FOR EMPLOYEE PROFESSIONAL DEVELOPMENT**

REMINDER: THIS FORM MUST BE SUBMITTED 30 DAYS IN ADVANCE OF EVENT

Employee's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Current Position: \_\_\_\_\_ Supervisor: \_\_\_\_\_

**SECTION A: EMPLOYEE REQUEST**

Attach appropriate background information (i.e., brochures, agendas, correspondence, etc.)

**Check One:**    ☐ Conference    ☐ Training Seminar    ☐ Workshop    ☐ Meeting    ☐ Presenter

Title of Event: \_\_\_\_\_

Sponsored By: \_\_\_\_\_

Dates of Attendance: \_\_\_\_\_

Total Hours of Training: \_\_\_\_\_

Source of Funding: \_\_\_\_\_  
(i.e., Federal, General, Grant)

**Estimated Costs**

Event Fees: \_\_\_\_\_

Transportation: \_\_\_\_\_

Lodging: \_\_\_\_\_

Meals: \_\_\_\_\_

Miscellaneous: \_\_\_\_\_

**TOTAL:** \_\_\_\_\_

What specific knowledge or skill will you learn? \_\_\_\_\_

How will the acquired knowledge or skill help increase your performance and/or prepare you for more advanced responsibilities? \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION B: REQUIRED SIGNATURES**

Immediate Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

Branch Chief: \_\_\_\_\_ Date: \_\_\_\_\_

Division/Office Head: \_\_\_\_\_ Date: \_\_\_\_\_

*Number of Employees Already Approved to Attend this Conference* \_\_\_\_\_

Deputy Superintendent: \_\_\_\_\_ Date: \_\_\_\_\_

Deputy Superintendent for Administration: \_\_\_\_\_ Date: \_\_\_\_\_