

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: _____