

WEA/SEA Travel/Meeting Attendance Request



1. Complete one application form per trip/meeting, certificated/educational support information, substitute information, sign and date. Meeting and billing authorization letter from WEA/NEA must be attached to this request.
2. Give the form to your principal/supervisor for signature and date.
3. Send the signed form to SEA for signature and date.

APPLICATION

Name _____ Date _____

District Position _____ School/Location _____

I request approval to attend _____
(List name of meeting and location)

City and State _____ On Date(s) _____

| CERTIFICATED | EDUCATIONAL SUPPORT PERSONNEL |
|---|---|
| Substitute Required? <input type="checkbox"/> Yes <input type="checkbox"/> No | Substitute Required? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If Yes, list date(s) and indicate if full or 1/2 day(s) | If Yes, list date(s) and indicate hours |
| Date(s) _____ | Date(s) _____ Hours per day: _____ |
| Number of full day(s): _____ or 1/2 day(s): _____ | From _____ am/pm to _____ am/pm |

SUBSTITUTE EXPENSE TO BE PAID BY:

SEA *WEA *Other (ex.: NEA/committee) _____

***Meeting and billing authorization letter from WEA/NEA must be attached.**

Employee Signature _____ Date _____

APPROVAL SIGNATURES

1. Principal/Supervisor _____ Date _____

2. SEA _____ Date _____

3. Human Resources _____ Date _____