

Out-of-State Conference Request

Name: _____ Emp ID#: _____

Job Title: _____ School/Location: _____

Conference Name: _____ Date(s) of Conference: _____

Location: _____

Website Address of Conference: _____

Cost Associated with Conference: Flying Driving (If Driving # of Miles _____)

Registration: _____

Travel: _____

Funding Source: _____

Please Note: An Agenda for the Conference must be submitted

Number of conferences attended in the *past year: _____

Number of professional leave days to attend conference in *past year: _____

Other Georgia conferences available with the same content? Yes No

****Past year = 1 year from today's date***

Signature of Employee Requesting Leave

Date

Approved

Disapproved

Signature of First Approver

Date

Approved

Disapproved

Signature of Final Approver

Date

This form is for prior approval of out-of-state conferences. Once approved, you will need to enter your Professional Leave in the Absence Management System.