



**Anthony Independent School District**

Dr. Steven Saldivar, Superintendent  
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Anthony, Texas 79821-1279

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**JUSTIFICATION FORM FOR STAFF DEVELOPMENT TRAVEL**

*[The following conditions apply to Staff Development in town and out of town]*

This form is to provide information regarding the purpose or justification for an anticipated expenditure of federal, state or local funds for staff development travel activities. All staff development travel requests must comply with all federal, state and local regulations for continuous, on-going professional development and be related to your position. The intended purpose of the travel must focus on enabling all children in the school/district to meet the Local, State and Federal student academic achievement standards. Enough detail must be provided to inform approvers about the request for action(s) to be taken and to properly document the transaction for audit purposes. This form must accompany the Employee Travel Request form and be submitted 45 days prior to date of travel.

Name of Traveler \_\_\_\_\_

Position \_\_\_\_\_

Conference/Training/Workshop Requested \_\_\_\_\_

Location of Activity Requested \_\_\_\_\_

Date(s) \_\_\_\_\_

Is this activity being provided anywhere in Texas in the future?  Yes  No

Is the information presented in this activity:  New  Supports Current Activities

**ANTICIPATED COST & SOURCE OF FUNDING FOR TRAVEL:** \$ \_\_\_\_\_

Staff development travel activities will lead to improved student achievement. Please explain how your participation in the activity will address this intent: \_\_\_\_\_

Site specifically how your participation in this activity will address areas identified in your campus plan or the district plan and site the specific goal/objective/activity: \_\_\_\_\_

Describe how this activity is applicable to your position and how the activity will impact the delivery of your services towards improving student achievement: \_\_\_\_\_

**I will be presenting the acquired information to \_\_\_\_\_ on \_\_\_\_\_.**

**ALL TRAVEL ACTIVITIES SHOULD BE DOCUMENTED IN THE CAMPUS/DISTRICT PLANS.**

\_\_\_\_\_  
Signature of Requestor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Supervisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
District Approval

\_\_\_\_\_  
Date