

**Request to Attend Official Meeting (Conference/Workshop/Training)**

By signing, you agree to abide by all CCSD travel procedures. All supporting documentation must be attached to this form, including registration form/information, agenda, or any additional information as requested. Requests should be submitted at least 30 days prior to the date of the request.

Attendee Name: \_\_\_\_\_ Employee #: \_\_\_\_\_

Job Title: \_\_\_\_\_ Work Location: \_\_\_\_\_

Type of leave requested:  Professional  District Business

Type of Travel:  Local-within 50 miles (Requires supervisor approval)  
 In-State (Requires Supervisor and Assoc/Chief/Deputy approval)  
 Out-of-State (Requires above +Superintendent's Approval)  
 Out-of-Country (Requires above +Superintendent's Approval)

Number of Instructional days missed (if applicable): \_\_\_\_\_

Number of Instructional days missed from previous conferences/workshops/trainings attended: \_\_\_\_\_

**Conference/Workshop/Training/Meeting Information**

Start Date \_\_\_\_\_ End Date \_\_\_\_\_ Location: \_\_\_\_\_

Name of Event \_\_\_\_\_

Purpose \_\_\_\_\_

**Estimate of Expenses**

\$ \_\_\_\_\_ Registration Fee \$ \_\_\_\_\_ Meals \$ \_\_\_\_\_ Hotel \$ \_\_\_\_\_ Flight

\$ \_\_\_\_\_ Mileage (Personal Vehicle Only) Yes  No  \$ \_\_\_\_\_ Rental Car Yes  No

\$ \_\_\_\_\_ Other ( \_\_\_\_\_ ) \$ \_\_\_\_\_ Total Estimated Expenses

Account # to be charged: \_\_\_\_\_ Funding Source: \_\_\_\_\_

List any other employees attending: \_\_\_\_\_

Attendee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approved  Not Approved

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

Approved  Not Approved

Executive Director: \_\_\_\_\_ Date: \_\_\_\_\_

Approved  Not Approved

Associate Superintendent/Chief: \_\_\_\_\_ Date: \_\_\_\_\_

Approved  Not Approved

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

Approved  Not Approved

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

## Request to Attend Official Meeting (Conference/ Workshop/ Training) Guide

Missing information will result in your RTA form being returned.

1. **Attendee Name** - Indicate the full name as found in MUNIS of the staff member attending the event.
2. **Employee #** - This can be located in the top right corner of an employee's pay stub or in MUNIS.
3. **Job Title** - Indicate the job title for the staff member attending the event.
4. **Work Location** - Indicate the school or department name, not the physical address.
5. **Type of Leave Requested** - Select one of the following:
  - **Professional Development Leave** - This type of leave is to be used for attending classes or workshops in which instruction is given to improve the employee's competencies in the specific position.
  - **District Business Leave** - This type of leave is to be used when an employee is out representing a school or department at a meeting, activity, evaluation, exchange program, or recruitment event.
6. **Type of Travel** - Select the option that best describes the location of the event:
  - a. **Local** - Within 50 miles (Tri-County area)
  - b. **In-State** - Within South Carolina but outside of the Tri-County area
  - c. **Out-of-State** - Outside of South Carolina but within the United States
  - d. **Out-of-Country** - Outside of the United States, including US territories
7. **Number of Instructional days missed (if applicable)** - Indicate how many work days will be missed due to attending the event.
8. **Number of Instructional days missed from previous conferences/ workshops/ trainings attended** - Indicate how many days have been previously missed in this fiscal year due to attending other events for the current school year.

### Conference/Workshop/Training/Meeting Information

9. **Start Date** - Indicate the first day of the event.
10. **End Date** - Indicate the end date of the event.
11. **Location** - Indicate where the event is happening, please include city and state.
12. **Name of Event** - Indicate the title of the event.
13. **Purpose** - Provide a brief description of the event.

### Estimate of Expenses

14. **Registration Fee** - Provide the cost of the event registration.
15. **Mileage** - Provide the mileage, **ONLY** if you are authorized to use a personal vehicle.
16. **Rental Car**- Provide the cost of a rental car, if approved to use.
17. **Other** - Indicate any additional costs (gratuities, parking, rideshare, etc.) for attending the event.
18. **Meals** - Provide an estimate of meals (In-state is up to \$35 per day and out-of-state is \$50 per day).
19. **Hotel** - Provide the cost of lodging, based on GSA or conference rate.
20. **Flight** - Provide the cost for the least cost "coach" class ticket.
21. **Total Estimated Expenses** - Calculate the total cost of attending the event.
22. **Account # to be charged** - Provide the account number, even if it is being funded by an SAF account.
23. **Funding Source** - Indicate if this is being covered by GOF, Title I, EIR, etc. Non- GOF funding sources require approval from the Fund Manager.
24. **List any other employees attending** - Include the names of any additional employees attending. Each employee attending must complete a Request to Attend form.
25. **Attendee Signature** - Include the signature of the employee attending.
26. **Date**- Include the date of when the employee signed the Request to Attend form.
27. **Local/within 50 miles (Tri-County area)** - This only requires immediate supervisor approval.
28. **In-State/within South Carolina but beyond the Tri-County area** - For school-based employees, this requires principal and Executive Director/ Associate approval. For district-based employees, this requires Supervisor and Chief/Deputy approval.
29. **Out-of-State and Out-of-Country** - This requires the signatures of the immediate supervisor, Executive Director/Associate, Deputy Superintendent, and Superintendent.