

SOUTHAMPTON COUNTY PUBLIC SCHOOLS
COURTLAND, VIRGINIA 23837
PROFESSIONAL TRIP/INSERVICE/WORKSHOP APPROVAL REQUEST

To: The Superintendent of Schools

Request is hereby made for approval of the following:

NOTE: Give all details such as convention, meeting, purpose, destination, etc.

Departure Date _____ Return Date _____

Type of Transportation _____

Estimated Costs:

Lodging..... _____

Transportation..... _____

Meals..... _____

Registration Fee..... _____

Other..... _____

Total..... _____

Signature: _____

Principal: _____ School: _____

Points requested toward re-certification for attending inservice/workshop _____

Approved by Principal Yes _____ No _____ Date Approved _____

Director of Human Resources _____ Date Approved _____

Director of Special Programs & _____ Date Approved _____
Instructional Services Signature

Division Superintendent's Signature _____ Date Approved _____