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| CLINTON TOWNSHIP BOARD OF EDUCATION | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| **Post Travel Report** | | | | | | | | | | | | | | |
| Pursuant to Bylaw No. 6471 "School District Travel" | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| Employee Name: | |  |  | | | | | | | | | |  | | |
|  | | | | | | | | | | |  | | | |
| Dates of Travel Event: | |  |  | | | | | | | | | |  | | |
|  | | | | | | | | | | |  | | | |
| Type of Travel Event: | |  |  | | Training and/or Seminar | | | | | | | |  | | |
| (Select One) | |  |  | | Convention or Conference | | | | | | | |  | | |
|  | |  |  | | Retreat | | | | | | | |  | | |
|  | | | | | | | | | | |  | | | |
| Location: | |  |  | | | | | | | | | |  | | |
|  | | | | | | | | | | |  | | | |
| Name or Title of Event: | |  |  | | | | | | | | | |  | | |
|  | | | | | | | | | | |  | | | |
| Date of Board Approval: | |  |  | | | | | | | | | |  | | |
|  | | | | | | | | | | |  | | | |
| Identify Primary Purpose of Travel: | |  |  | | | | | | | | | |  | | |
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| Identify Goals and Key Issues Addressed: | | | |  | | | | | | |  | | | |
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| Describe Relevance to Improving Instruction or Operation of the District: | | | | | | |  | |  | | |
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| Signed |  | | | | | Date | |  | |  | | | |
|  | | | | | | | | | | |  | | | |
| This report shall be completed in its entirety and returned within one week of travel. | | | | | | | | | | |  | | | |
| Incomplete forms will be returned to the employee or member. | | | | | | | | | | |  | | | |
| PLEASE SEND A HARD COPY. WE REQUIRE ORIGINAL SIGNATURES. | | | | | | | | | | |  | | | |