|  |  |
| --- | --- |
|  | 2/18 |
| 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: |  |   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|  |  |
| Identify Goals and Key Issues Addressed: |   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|  |  |
| Describe Relevance to Improving Instruction or Operation of the District: |  |  |
|   |  |
|   |  |
|   |  |
|   |  |
|  |  |
| 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. |  |