



Tuba City Unified School District No. 15

Workshop/Conference Completion Form

Traveler's Name: _____

TA#: _____

Title of Conference/Training/Workshop and Date(s):
(Attach copy of brochure, flyer, agenda or registration form)

Is Conference/Training/Workshop related to your present job position? If so, please justify how this conference/training/workshop will enhance your job performance.

Traveler's Signature

Supervisor Signature

Date

Date