TRAVEL NOTIFICATION
(please write legibly)

Name: _______________________________________________________

Destination/Reason for Travel: ____________________________________

Date of Departure: _____________________________________________

Date of Return/Approximate Time of Arrival to Office: _________________

Emergency Contact: _____________________________________________

Is this information to be held confidential? (check one) _____Yes _____No

Please provide the name of the class substitute if your trip involves absence
for two (2) or more instructional sessions: ___________________________

*** If your mail needs forwarding, please see me with details. ***

Please return completed form to Jessie Thacker in Room 101