**CONFERENCE**

**JUSTIFICATION AND FREEZE FORM**

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| Employee Name: |  | Trip # |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Employee No. |  | Title: |  |

|  |  |
| --- | --- |
| Division/School Name: |  |

|  |  |
| --- | --- |
| Name of Conference: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Conference Location: |  | Date(s) of Travel: |       |

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| --- | --- |
| How many conferences have you attended this fiscal year (July -June)? |  |

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| Are you planning to attend any other conference besides this one this fiscal year (July-June)? |
| [ ]  Yes [ ]  No | If yes, how many more |       | when? |       |

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| --- | --- |
| Will a substitute be required to cover your absence? | [ ]  Yes [ ]  No |

|  |  |
| --- | --- |
| 1. **How will this travel request be paid?**
 | Choose an item. |

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| --- | --- |
| If paid by third party specify who and why? |  |

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| 1. **What happens at this training/conference?**
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| 1. **How will this training/conference have a direct impact on your work?**
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| 1. **Why is it essential that you attend?**
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