



Robstown Independent School District Distance Learning Request Form

PRINT ON PINK PAPER ONLY

*Request must be submitted by Campus Administrator/Director/Coordinator/
Instructional Coach or Designee - **only one per campus/dept**

Name Title Campus/Department

Name of CBTN/TETN Host of CBTN/TETN

DATE Beginning Time Ending Time

Purpose of CBTN/TETN

Number of persons attending the CBTN/TETN

DESCRIPTION OF EXPENDITURES		AMOUNT PAID BY P.O.
Registration Fees		
Account Code: _____	Amount: _____	
_____	_____	
_____	_____	

NOTE: CBTN/TETN request should be received in the curriculum department no later than two prior weeks prior to event occurring, unless extenuating circumstances. Priority given on a first come first serve basis along with the greatest need.

Employee Signature: Date:

Immediate Supervisor Approval: Date:

Curriculum Director Approval: Date:

OFFICE USE ONLY:

Scheduled with Technology Yes

No

Return Form To: _____