



School District of Manatee County

Request for ASSIGNMENT FOR TEMPORARY DUTY (ATD)

Employee Number

Cost Centers

First Name

MI

Last Name

Job Title

Time

Date

Leave Begins

In-State

Leave Ends

Time

Date

Out-of-State

Substitute
Required?

Yes

Substitute
Coding

No

Total
Work
Hours

To
Attend:

Location:

Travel reimbursement funding source(s).

Check all that apply.

District

Internal Accts.

Staff Dev.

Other

No Expense

Insert first 11 digits
(Cost Center, B&F, Project)
of each funding source

Check all expenses that
apply to be paid from
each funding source

Funding source
authorization signature

Choose

Registration
Mileage
Airfare

Meals
Hotel
Car Rental
Other Misc. Expenses

Per Diem

Approver's Signature

Choose

Registration
Mileage
Airfare

Meals
Hotel
Car Rental
Other Misc. Expenses

Per Diem

Approver's Signature

Coding

Coding

Employee Signature

Supervisor Signature

Manager Signature

Deputy Superintendent Signature/Date

Date of Request

Superintendent Signature/Date (As Applicable)