

NAUGATUCK VALLEY COMMUNITY COLLEGE
750 Chase Parkway
Waterbury, CT 06708

M E M O R A N D U M

TO: Daisy Cocco De Filippis, President
FROM: _____
Dean
DATE: _____ **DATE of TRAVEL:** _____
SUBJECT: Travel Recommendation
NAME: _____ **AMOUNT:** _____

The attached travel authorization is:

- ___ Essential to the continuation of instruction, academic programming, or community service.
- ___ Essential to provide academic or student support services integral to student success.
- ___ Essential to the safe and effective operation of college facilities.

AND

- ___ Was previously approved/authorized.
- ___ Is being paid through private or grant funding.
- ___ Is being paid through collective bargaining funding / professional development.
- ___ Is being paid through OE.

How will you share knowledge obtained with the campus? _____

Thank you for your consideration.

Date: _____
Dean Signature

Recommended: ___ ___ ___
Dean of Administration Signature Yes No Date

Approved: ___ ___ ___
President Signature Yes No Date