

**Darien Public Schools**  
**Professional Leave Request and Expense Form**

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**Complete this form ONLY if there are expenses associated with the workshop you are requesting to attend.**

**INSTRUCTIONS**

**BEFORE THE EVENT**

1. Print a copy of this form and complete with workshop information and estimated expenses.
2. Submit to your immediate supervisor for approval.
3. After approval is granted, create an absence in Frontline, with workshop title and date in Notes to Administrator.

**DO NOT PAY in advance for registration fee, travel, lodging, etc. Once approved, payment will be arranged by the district.**

**AFTER THE EVENT**

1. Complete the actual expenses, attach all receipts and submit to:
  - Michelle Lopez, for all General Education requests
  - Ann Delaurentis, for all Special Education requests

Name: \_\_\_\_\_

School: \_\_\_\_\_

Position: \_\_\_\_\_

Requested Dates: \_\_\_\_\_ Number of Days: \_\_\_\_\_

**Check appropriate absence:**

Full Day Absence \_\_\_\_\_

Half Day Absence AM \_\_\_\_\_

Half Day Absence PM \_\_\_\_\_

**Is a substitute required?**

Yes \_\_\_\_\_

No \_\_\_\_\_

Workshop Name: \_\_\_\_\_

Sponsoring Organization: \_\_\_\_\_

Event (City/State): \_\_\_\_\_

Brief Description: \_\_\_\_\_

\_\_\_\_\_

**Registration****Estimated Expenses****Actual Expenses****Office Use Only  
RC Charged**

Workshop Registration Fee:                                     \$                                                                         \$                                    

**PER DEA CONTRACT - Transportation / Lodging only to be reimbursed/paid for IF the District has requested attendance to the workshop**

**Transportation**

Mileage:                                     \$                                                                         \$                                    

**By Car: Calculate round trip from home to PD destination, then subtract daily round trip mileage to and from school. Multiply by \$0.56 (effective 1/1/21). MUST ATTACH COPY OF MAPQUEST, GOOGLE MAP, etc.**

Airfare:                                     \$                                                                         \$                                    

Rail Fare:                                     \$                                                                         \$                                    

Taxi, Bus:                                     \$                                                                         \$                                    

Parking, Tolls:                                     \$                                                                         \$                                    

**Lodging**

Hotel Single Room:

Rate: \_\_\_\_\_ x # Nights: \_\_\_\_\_                                     \$                                                                         \$                                    

**Other Expenses (Itemize)**

                                    \$                                                                         \$                                    

                                    \$                                                                         \$                                    

                                    \$                                                                         \$                                    

**Total:**                                     \$                                                                         \$                                                                         

\_\_\_\_\_  
Employee Date

**APPROVALS**

\_\_\_\_\_  
Director, Dept. Chair or SESS Facilitator Date

\_\_\_\_\_  
Building Principal Date

\_\_\_\_\_  
Assistant Superintendent Date