



LAKWOOD CITY SCHOOL DISTRICT
Lakewood, Ohio
SCHEDULED ABSENCE APPLICATION

NAME _____ SCHOOL _____

Please complete only one (1) of the following boxes:

For IEP Day/IEP Writing Day/Alternate Assessment Day. Fill out Page 1 of the form only. Please indicate the date(s) requested: _____

For Jury Duty and/or subpoena/summons. Complete front side of form and attach copy of summons, subpoena, or other notice compelling attendance. Submit to the Director of Human Resources ASAP. Upon completion, fill out the top section (Verification Form) on Page 2 of form and attach court document certifying attendance (i.e., certificate, voucher, letter) and send to the Director of Human Resources. Please indicate the date(s) requested: _____

For Professional Conference, School Business, Union Business, In-service Meeting. This form must be completed and submitted to Principal/Administrator *at least two weeks prior to attendance dates*. Please complete Page 2 of the form following the activity.

TITLE OF EVENT/ACTIVITY _____

DATE(S) OF EVENT/ACTIVITY _____ LOCATION _____

ATTENDANCE SCHEDULE: _____ SCHOOL ABSENCE SCHEDULE: _____ (Address) NO. OF DAYS SUBSTITUTE REQUIRED _____

DID YOU ATTEND THIS EVENT/ACTIVITY LAST YEAR? Yes _____ No _____

WHAT IS THE SIGNIFICANCE OF THIS EVENT/ACTIVITY TO THE LAKEWOOD SCHOOLS?

No _____ *I am not requesting reimbursement for any expenses associated with this scheduled absence.*

Yes _____ *I may request reimbursement for the following estimated expenses:*

Fill in the Estimated Expenses below if you expect financial assistance other than the employment of a substitute.

ESTIMATED EXPENSES	<u>Estimated Costs</u>	<u>If Prepaid - Requisition or Purchase Order No.</u>	<u>Account Fund Coding</u>
Registration	\$		
*Total Mileage (Miles x IRS Rate)	\$		
Lodging	\$		
**Food	\$		
Parking/Tolls	\$		
Cab/Bus Fare	\$		
Air/Rail Fare	\$		
Car Rental	\$		
Other	\$		
Total	\$		

*The least expensive and fastest mode of travel shall be recognized. The current IRS rate shall be applied when traveling by automobile. When more than one person attends the same meeting and auto transportation is utilized, only one round trip amount will be reimbursed. **Meals and lodging shall be reimbursed at actual costs within contractual limits. Receipts must be submitted to receive reimbursement. Reimbursement cannot be made for personal telephone calls, tips, alcoholic beverages, or any items of a personal nature connected with attendance at a meeting. **All receipts must be submitted for reimbursement.**

THIS FORM MUST BE ELECTRONICALLY ATTACHED TO YOUR SCHEDULED ABSENCE IN AESOP.

LAKWOOD CITY SCHOOL DISTRICT

Lakewood, Ohio

COMPLETE THIS SIDE OF FORM ONLY **AFTER** ATTENDING PROFESSIONAL CONFERENCE, SCHOOL BUSINESS, UNION BUSINESS, OR IN-SERVICE MEETING. FOR JURY DUTY AND/OR SUBPOENA/SUMMONS, COMPLETE VERIFICATION FORM (TOP SECTION) ONLY.

VERIFICATION FORM

SUBMIT A HARD COPY OF THIS FORM WITHIN TWO WEEKS OF THE EVENT/ACTIVITY.

This is to certify that I, _____, attended the event/activity entitled _____ on _____
*for which I am **not** requesting reimbursement.* (Dates)

 Principal or Administrator Date Applicant Date

EXPENSE VOUCHER

SUBMIT A HARD COPY OF THIS FORM WITH RECEIPTS WITHIN TWO WEEKS OF THE EVENT/ACTIVITY.

This is to certify that I, _____, attended the event/activity
 (Name)
 entitled _____ on _____
*for which I **am** requesting reimbursement.* (Dates)

Attach ALL Receipts

ACTUAL EXPENSES	<u>Actual Costs</u>	<u>If Prepaid - Requisition or Purchase Order No.</u>	<u>Account Fund Coding</u>
Registration	\$		
Total Mileage (Miles x IRS Rate)	\$		
Lodging	\$		
Food	\$		
Parking/Tolls	\$		
Cab/Bus Fare	\$		
Air/Rail Fare	\$		
Car Rental	\$		
Other	\$		
Total	\$		

 Principal or Administrator Date Applicant Date

Authorized for payment: _____
 Assistant Superintendent Date