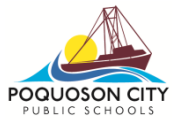


PROFESSIONAL LEAVE REQUEST

500 CITY HALL AVENUE * POQUOSON, VIRGINIA 23662 * PHONE 868-3055



NAME: _____ DATE: _____

AESOP LEAVE CONFIRMATION #: _____

DATE(S) OF REQUESTED LEAVE: _____

DESTINATION / LOCATION: _____

DESCRIPTION OF CONFERENCE, WORKSHOP, SEMINAR, ETC:

EXPENSES TO BE INCURRED THAT REQUIRE PAYMENT

Registration Fee \$ _____

Make Check Payable To _____

Lodging \$ _____

Method Of Payment _____

Meals \$ Reimbursed upon submission of itemized receipts \$ _____

Breakfast \$8.00 Lunch \$8.00 Dinner \$18.00

Other _____

Request For SBO/City Car _____

Gas \$ _____

Budget Number _____

Budget Category _____

*Request for Professional Leave must be received in the Finance Office
seven (7) days prior to the registration deadline.*

**PLEASE ATTACH DETAILED DOCUMENTATION
AND YOUR COMPLETED REGISTRATION FORM**