

# CRESTWOOD LOCAL SCHOOLS PROFESSIONAL DAY LEAVE REQUEST

Name \_\_\_\_\_

Building \_\_\_\_\_ Sub Required? \_\_\_\_\_

Workshop, Conference, Other PD \_\_\_\_\_

Location \_\_\_\_\_  
(City) (State)

Date(s) \_\_\_\_\_  
(From) (To)

\* Brief Description of Purpose \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**\*\*\* Please attach a copy of the agenda for the workshop or conference you wish to attend.**

===== :

**Purchase Orders must be done in advance to cover registration, lodging & estimated expenses.**

Reimbursements will be issued for the following provided receipts & proper forms are attached to a PO.

**Estimated expenses:**

Registration Fee	\$ _____
Lodging	\$ _____
Meals Up to \$30 per day (includes tax & 15% gratuity)	\$ _____
Mileage _____ miles x \$ _____ (current IRS rate)	\$ _____
Parking/Tolls	\$ _____
Other	\$ _____
<b>Total Estimated</b>	<b>\$ _____</b>

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

\_\_\_\_\_  
Principal/Supervisor Signature Date \_\_\_\_\_

**After approval by Building Principal or Supervisor, absence must be entered into AESOP with a signed, scanned copy of this form attached.**

cc: Employee  
Building Principal/Supervisor  
Treasurer's Office