

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	\$ _____
Total Estimated	\$ _____

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