

Elizabethton City Schools Request for Professional or Staff Development Leave Administration Form

Name of Employee (Please Print): _____

Date(s) of Leave Requested: _____ to _____

Reason for Leave: _____ Professional growth activity (conference, workshop, etc.)
 _____ Accompany students on instructional related activity
 _____ Accompany students to competitive events (local, district, regional, state, national)
 _____ Other _____

Name of Event: _____ Location of Event: _____

Source of Funding: _____

Type of Expense	Explanation	Total Estimated Cost
MILEAGE	Number of Miles _____ @ \$ _____ \$ _____/mile	\$ _____
LODGING: Name of Hotel _____	Number of Nights _____ @ \$ _____ per night	\$ _____
MEALS: \$34.00 per diem rate for overnight stay (\$16 dinner, \$12 lunch, \$6 breakfast)	Number of Days _____ @ \$34.00	\$ _____
REGISTRATION FEE:		\$ _____
OTHER EXPENSES:	(Please Itemize)	\$ _____
	TOTAL ESTIMATED COST OF TRAVEL:	\$ _____

Signature of Employee: _____ Date: _____

Signature of Finance Director: _____ Date: _____

Finance Director's Approval: _____ APPROVED _____ DENIED

Signature of Director of Schools: _____ Date: _____

Director of Schools' Approval: _____ APPROVED _____ DENIED