

PROFESSIONAL LEAVE REQUEST
(This form must be complete or it will be returned)



Name _____ School _____

Date(s) requested for leave _____ Destination _____

*Please note: A requisition must be attached for any costs other than mileage or substitutes.

Please check this box if expenses will be paid at the building level.

Reason for request: _____

Please explain how the workshop/conference information will be utilized in the school district.

_____ Date Submitted _____ Employee Signature _____ Principal's Initials _____

			<u>(For Office Use Only)</u>
Registration	\$ _____	Fund Code _____	Purchase Order # _____
Mileage	\$ _____	Fund Code _____	Purchase Order # _____
Meals	\$ _____	Fund Code _____	Purchase Order # _____
Lodging	\$ _____	Fund Code _____	Purchase Order # _____
Airfare	\$ _____	Fund Code _____	Purchase Order # _____
Substitute	\$ _____	Fund Code _____	Purchase Order # _____
Other	\$ _____	Fund Code _____	Purchase Order # _____

Total requested: \$ _____

_____ Fund Director _____ Business Manager _____ Professional Dev Coordinator _____ Accounts Payable _____

Important note:

- All costs and fund codes must be on leave request.
- Please fill out the request form completely and attach requisition (for all expenses except mileage/substitute).
- Request must be signed by employee and initialed by supervisor/principal.
- Send to the District Office for authorization no later than ten (10) days prior to leave.
- Per Policy 7430, actual expenses for food reimbursement shall not exceed current per diem rate of \$59.00/day and requires an overnight stay.
- Please fill out Travel Expense Reimbursement Form for mileage/food/parking reimbursement. All receipts must be attached to the reimbursement form.
- Association leaves must be submitted to the Superintendent at least ten (10) days prior to the meeting.