

ELIDA LOCAL SCHOOLS

REQUEST FOR PERMISSION TO ATTEND PROFESSIONAL MEETING

Building: _____

Athletic Trip: ___ Yes ___ No

This is my formal request to be absent from my regular work at school to attend the

(Name of professional meeting, conference, workshop, convention, clinic, visitation, etc.)

At _____ on the following dates and days of the week:
(Location)

Major interest in attending this meeting: _____

Substitute will be needed for the following days of week and dates:

ESTIMATE OF EXPENSES: ****ALL ANTICIPATED EXPENSES SHOULD BE LISTED****

Number of miles	_____
- Estimated Mileage Expense	_____
Registration Fee	_____
Hotel/Motel Expenses	_____
Parking Expenses	_____
Meals up to \$35/day starting on Day #2	_____
Substitute @ \$120.00/day	_____
Other, etc. (list)	_____
Total Estimated Expenses Related to This Activity	_____

FUND CODE: _____

Employee Printed Name

Employee Signature

Date

FOR OFFICE USE ONLY:

_____ Curriculum Coordinator	_____ Date	Approve _____	Disapprove _____
_____ Athletic Director	_____ Date	Approve _____	Disapprove _____
_____ Principal	_____ Date	Approve _____	Disapprove _____
_____ Superintendent	_____ Date	Approve _____	Disapprove _____

