

PROFESSIONAL LEAVE FORM

 (Name) _____
 (Today's Date)

 (Conference/Workshop, Program, Convention, etc...)

Why should the Hanover Community School Corporation be represented?

Date(s) of Proposed Leave: _____ Location: _____

Registration deadline: _____ Specify: _____ A/M _____ P/M _____ Full Day
 (Date)

	\$ Requested	\$ Approved
Mileage @ current IRS rate _____ miles @ _____¢/mile	\$ _____	\$ _____
Transportation (air, taxi, bus, etc.)	\$ _____	\$ _____
Food (Max of \$40 per day – need receipts)	\$ _____	\$ _____
Registration (must have receipts)	\$ _____	\$ _____
Lodging: \$125 single/\$150 dbl. _____ Nights @ \$_____ per night	\$ _____	\$ _____
Hotel Tax @ 20% of Lodging cost	\$ _____	\$ _____
Other _____ \$ _____	\$ _____	
TOTAL	\$ _____	\$ _____

RECEIPTS ARE REQUIRED FOR ALL EXPENSES

All staff will be responsible for making their own hotel reservations and requesting reimbursement upon return.
 _____ I would like the School Corporation to pre-pay my registration. By signing this form, I acknowledge that I have read the AG 3440A and understand that I am responsible for finding a staff member to attend the conference in my place if I am unable to attend. By signing this request I give my approval for the Hanover Community School Corporation to payroll deduct any amount prepaid by the School Corporation less any refund received from the conference sponsor if I am unable to attend the conference or find a replacement staff member to attend the conference.

 Signature of Staff Member

 Date Requested

 Signature of Principal/Supervisor

 Date Approved

 Signature of Superintendent

 Date Approved