

RUSSELL COUNTY SCHOOLS
PROFESSIONAL DUTY ABSENCE REQUEST

Date: _____

Name: _____

Dept/School: _____

Organization and purpose of meeting requested to attend: _____

Date of meeting: _____

Place of meeting: _____

Is this meeting important for your professional growth? Yes No

Please explain: _____

Are you a paid member of the organization holding the meeting? Yes No

Are you a participant at this meeting? Yes No

Is a substitute required? Yes No Number of days? _____

What is the source of funding for any required substitute? _____

<p>Estimated Expenses:</p> <p>Mileage: _____</p> <p>Room: _____</p> <p>Meals: _____</p> <p>Other: (fee, etc.) _____</p> <p>Substitute Pay: _____</p> <p style="text-align: right;">Total: _____</p>	<p>Source of funding:</p> <p>General Fund: _____</p> <p>School Allocation: _____</p> <p>Professional Development: _____</p> <p>Title I, II, IV, VI: _____</p> <p>Special Education: _____</p> <p>ESS: _____</p> <p>Food Service: _____</p> <p>Technology: _____</p> <p>Other: _____</p> <div style="border: 1px solid black; padding: 2px;"> <p>Munis Code: _____(_____)_____-0580_____</p> </div>
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Date of last trip: _____

Name, location, and purpose of last trip taken: _____

Excluding this trip, what is the total number of days you worked outside the district this FY? _____

Request presented by: _____

Approved by:

Principal: _____ Date: _____

Supervisor: _____ Date: _____

Finance Director: _____ Date: _____