

BELLEFONTAINE CITY SCHOOL DISTRICT  
**CERTIFIED** and **CLASSIFIED** REQUEST FOR PROFESSIONAL LEAVE

Name: \_\_\_\_\_ Building: \_\_\_\_\_ Grade/Subject: \_\_\_\_\_

Title of Conference / Workshop: \_\_\_\_\_

Sponsored By: \_\_\_\_\_

Date of Conference: \_\_\_\_\_ Location: \_\_\_\_\_

Circle One:    M    T    W    TH    F                      Circle One:        AM                      PM                      Full Day

Explain Briefly the Nature / Type of Conference / Workshop: \_\_\_\_\_

Substitute required: (circle one):                      AM                      PM                      Full Day                      None

Arrival Time:    \_\_\_\_\_AM\_\_\_\_\_PM                      Departure Time:    \_\_\_\_\_AM \_\_\_\_\_PM

Nature of Leave Requested (check one):

- \_\_\_\_\_ 1. Absence without loss of pay.
- \_\_\_\_\_ 2. Absence with loss of pay equivalent to the wages paid a substitute or loss of half pay if no substitute is required.
- \_\_\_\_\_ 3. Absence with full loss of pay.

Date of Request: \_\_\_\_\_ Signature of Staff: \_\_\_\_\_

Approved by Principal / Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

If Athletic Meeting: Athletic Director=s Signature

Nature of Leave Approved By Superintendent / Designee: \_\_\_\_\_ 1.                      \_\_\_\_\_ 2.                      \_\_\_\_\_ 3.

Superintendent / Designee: Approved: \_\_\_\_\_ Denied: \_\_\_\_\_ Date: \_\_\_\_\_

Staff approved to attend a conference or workshop at Board expense are required to submit a  
CLAIM FOR TRAVEL EXPENSE form.

Breakdown of Anticipated Expenses:

Mileage @ 56 cents per mile: \_\_\_\_\_

Other Transportation: \_\_\_\_\_

Lodging\* \_\_\_\_\_

Meals\*\* \_\_\_\_\_

Registration\*\*\* \_\_\_\_\_

TOTAL OF ANTICIPATED EXPENSES: \_\_\_\_\_

\* Overnight lodging may or may not be approved, if distance is less than 100 miles.

\*\* For one-day conferences / workshops, overnight expenses and meal costs are NOT permitted. For overnight conferences, \$30 per day is meal expense limit. Must provide itemized bill/receipt(s).

\*\*\* Staff are expected to mail their own registration form to the workshop sponsor with a personal check or a statement that a purchase order number will be provided. A purchase order will be issued authorizing reimbursement of the total of approved anticipated expenses. After the conference / workshop, please submit a Claim for Travel Expense form to receive reimbursement of these expenses. Any other arrangement must be approved by the Treasurer.

Account #: \_\_\_\_\_ (Treasurer's Office Use)