



# FAIRPORT HARBOR

EXEMPTED VILLAGE SCHOOL DISTRICT

*Anchored in Community & Illuminating Futures*

## REQUEST FOR PROFESSIONAL LEAVE

NAME		DATE SUBMITTED:	
SCHOOL OR DEPT.		POSITION:	

NAME OF MEETING/TRAINING:	
MEETING LOCATION:	

DATE(S) OF REQUEST OF VOLUNTARY PROFESSIONAL LEAVE:	
DATE(S) OF REQUEST OF VOLUNTARY PROFESSIONAL LEAVE	
HOW MANY DAYS OF EXTENDED LEAVE IS THE REQUEST FOR:	
PURPOSE OF MEETING/TRAINING: [Provide a brief explanation of the purpose and how it will benefit your professional development.]	

### ESTIMATE OF EXPENSES TO BE REQUESTED FOR REIMBURSEMENT

Travel		Miles	@		=	Meals		@	\$60.00 Daily Rate
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AIRFARE:\$		REGISTRATION \$		OTHER:\$	
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LODGING:\$		NIGHTS:@		=	
MILEAGE DAILY RATE \$		@NUMBER OF DAYS		=	

TOTAL ESTIMATE OF EXPENSES:\$	
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EMPLOYEE SIGNATURE:		DATE:	
PRINCIPAL:		DATE:	
SUPERINTENDENT:		DATE:	

Submit to the Superintendent's Office - Copy will be returned.  
 The requisition can be submitted upon receipt of the approved leave form.

***For Board Office Use Only: Board approval is required for extended voluntary leave requests.***

SUPERINTENDENT:		DATE:	
BOARD PRESIDENT		DATE:	
TREASURER		DATE:	

APPROVED FOR \_\_\_\_\_ EXTENDED DAY(S)