



# WARREN HILLS REGIONAL SCHOOL DISTRICT



## REQUEST FOR LEAVE

NAME \_\_\_\_\_

DATE \_\_\_\_\_

Date(s) Requested \_\_\_\_\_

Request Category:

SICK

VACATION

OPEN HOLIDAY

PERSONAL

(Reason – if required)

REPLACEMENT HOLIDAY

(List holiday being replaced)

BEREAVEMENT

RELATIONSHIP \_\_\_\_\_

PROFESSIONAL

FIELD TRIP (CHAPERONE)

LIST FULL OR HALF DAY (am OR pm)

LIST FULL OR HALF DAY (am OR pm)

COMMENTS: \_\_\_\_\_

EMPLOYEE SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

DEPARTMENT ADMINISTRATOR/SUPERVISOR \_\_\_\_\_

DATE \_\_\_\_\_

PRINCIPAL \_\_\_\_\_

DATE \_\_\_\_\_

SUPERINTENDENT \_\_\_\_\_

DATE \_\_\_\_\_

All signatures MUST review and approve this request BEFORE submission to the Superintendent

## Professional Day Request Form

All travel requires prior board approval, including a public vote, at a scheduled meeting of the board. No staff shall be allowed to attend a conference/workshop or submit a voucher for any reimbursement without this approval. Please pay attention to the dates of scheduled board meeting so you will be able to gain board approval prior to the event.

Employee: \_\_\_\_\_  Substitute required

Position: \_\_\_\_\_  High School  Middle School

Date of Workshop/Conference: \_\_\_\_\_

Location of Workshop/Conference: \_\_\_\_\_

Workshop/Conference Title and Explanation of its relationship to your position/ responsibilities or professional development plan:

### ATTACH CONFERENCE/WORKSHOP LITERATURE

### REQUISITION REQUIRED WITH SUBMITTAL

Expenses/If Applicable:

Registration/Conference Cost: \_\_\_\_\_

Total Mileage \_\_\_\_\_ @ 47¢/mile = \_\_\_\_\_ (Attach **Google Maps** mileage from School location to destination)

Transportation Costs if not by car: \_\_\_\_\_

Accommodation Costs: \_\_\_\_\_ = \_\_\_\_\_/day x \_\_\_\_\_ days

Meals \_\_\_\_\_ = \_\_\_\_\_ Breakfast @ \_\_\_\_\_ Day

\_\_\_\_\_ = \_\_\_\_\_ Lunch @ \_\_\_\_\_ Day

\_\_\_\_\_ = \_\_\_\_\_ Dinner @ \_\_\_\_\_ Day

**Receipts are required for all submitted expenses.**

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Building Principal: \_\_\_\_\_ Date: \_\_\_\_\_

Superintendent: \_\_\_\_\_ Date: \_\_\_\_\_

**Upon return & within one week, please submit  
SUMMARY Conference / Travel Report  
to Building Principal & District Office.**

**SUMMARY  
Conference/Travel Report**

Employee: \_\_\_\_\_

Position: \_\_\_\_\_

Workshop/Conference Title Topic: \_\_\_\_\_

Workshop/Conference Date: \_\_\_\_\_

**1. Primary purpose of the conference/workshop or meeting.**

**2. Summarize the goals for the workshop.**

**3. What key points/issues were discussed/covered?**

**4. How will this workshop/conference/meeting improve instruction or district operations?**