REQUEST FOR PROFESSIONAL LEAVE/CONFERENCE/TRAVEL EXPENSE

Employees requesting to use School Year Calendar Days for Professional Leave must complete this form in advance. Professional Leave can be approved for activities or meetings that directly relate to the job responsibility of the employee and have meaningful benefit for O'Fallon School District #90. **In addition, submit the Travel Expense Procedure form, Conference form with information/agenda indicating which sections or portions you will attend, and document absence in AESOP, if applicable. After the conference, submit the Expense Reimbursement form with actual costs and itemized receipts (note: if p-Card is used those expenses will be listed on the monthly p-Card Summary Sheet).**

Name (print):_____ **Position**:_____

Meeting title/leave purpose:_____ **Location**:_____
List sessions attending or ( ) indicated on attachments:_____
_____

Date(s) attending conference:_____ **Date(s) absent from duties**:_____
Substitute required? ( ) Yes ( ) No
Learner objectives for leave/conference (Indicate sessions addressing objectives):_____
Objective #1:_____
Objective #2:_____
Relationship of request to job responsibilities:_____
_____
Expected benefit to the District from your attendance:_____
_____
Special Considerations (indicate all that apply):
_____Officer for presenting organization (Title):_____
_____Making presentation at this conference (Title):_____
_____Other District Staff attending (Specify):_____ Group Discount Available?: Y N

Estimated expenditure for _____ days _____nights:

Total meals	_____	
Total registration/conference fees	_____	
Total travel/mileage	_____	
Total lodging	_____	**Expense funded by _____**
Other (specify)	_____	**0-3, EC, Title I, II, IV Grants-Gina Harding approval**
Total estimated expenses ^	_____	**IDEA Grant-Tracie Bauer/Laurin McWhorter approval**

^List expenses paid for by p-Card: _____
^List expenses reimbursed to you: _____

Signed:_____ Date of Request:_____

Grant Funded approval needed from Gina, Tracie, Laurin before Principal:_____

Principal Signature:_____ **Date**:_____

Superintendent Signature:_____ **Date**:_____
____Recommended _____Not Recommended because: ( ) negatively affects District's educational mission
( ) lacks educational value ( ) other _____