

Date_____

BOARD APPROVED_____

Griffith Public Schools

Request for Professional Development and Absence

Requests shall be submitted a minimum of 6 (six) weeks prior to the date of the requested professional development and absence.

Name(s)_____

Date(s) of Absence_____

Name and Location of Activity_____

Do you have an assigned place on the program? Yes or No (please circle one)

Estimated Costs:

Cost of substitute @ \$120 per day	
Registration Fees	
Food	
*Mileage (# of miles x .70)	
Lodging	
TOTAL	
<i>*Mileage rates will be adjusted per IRS direction</i>	

Staff will be reimbursed for reasonable and customary travel expenses providing original receipts are submitted as documentation. All receipts must be itemized and may not include any alcoholic beverages. Meal receipts that are not itemized cannot be accepted.

Describe the events/activities and their relevance to student learning and/or school improvement plan:

Funding Method: _____ General Fund

_____ Club/Organization Name_____

Name

_____ Grant_____

Name

_____ Other (Describe)_____

Principal_____ Date_____

Department Chair_____ Date_____

Administration Approval_____ Date_____

Copy of Approved Form Must Accompany Reimbursement Request

(Revised 1.1.25 – Req for Prof Absence Form 2025)