



MADISON LOCAL SCHOOL DISTRICT
PROFESSIONAL LEAVE REQUEST (For travel after 12/31/25)

1. Submit to the Principal for approval & forwarding at least 2 weeks prior to the date requested.
 2. Within 2 weeks of return, the applicant must submit a completed expense report with original receipts to the BOE for approval.

NAME: _____
BLDG: _____

EVENT: _____
DATE: _____

Check if sub is needed: Yes____, No____

½ Day A.M.____, ½ Day____, Full Day ____

ESTIMATED EXPENSES

Registration Fee	_____
Comm/transportation (air, taxi, etc.)	_____
Lodging	_____
Meals	_____
Parking	_____
Personal vehicle mileage*	
Actual miles _____ x \$.725 ¢ per mile	_____
Other expenses	_____

TOTAL TRAVEL COST _____

Applicant's Signature: _____	Date: _____
Principal's Signature: _____	Date: _____
Superintendent/Designee: _____	Date: _____

Sub: (if appl.) \$ _____

Sub Fund Source: _____

Travel & Reg. Fund Source: _____

REGISTRATION

Send check with reg. Form attached: _____ Reg. has been taken care of. They will bill us: _____

Individual will pay for registration and request reimbursement on expense report: _____

LODGING

(We will need the receipt for this check upon your return!)

Hotel: _____ Address: _____

Total Cost: _____ (This is the cost without Ohio State tax for lodging in Ohio as well as Columbus City tax for lodging in Columbus. We will give tax exempt forms to take with you.)

Person requesting check: _____ Date of Event: _____

Date check needed: _____ Pick up check in Treas. Ofc: _____ Send to bldg: _____

Approval: _____ Acct. or PO# _____