



CARBONDALE AREA SCHOOL DISTRICT
Professional Leave Request

Please complete electronically describing the activity or conference for which leave is being requested. Submit to immediate supervisor.

Name: _____ Building: _____

Position/Grade/Subject: _____

Title of Conference: _____

Date(s) of Activity or Conference (indicate AM/PM where applicable):

Date(s) for which reimbursement will be requested: _____

Number of school days requested: _____ Date of return (indicate AM/PM): _____

Purpose of Leave or Activity Function:

Location (City, State): _____

Website Pertaining to Leave or Activity (if available): _____

Attending as a:

- ☐ Member ☐ Participant ☐ Officer ☐ CAEA Representative
☐ Presenter ☐ Student Activity Sponsor ☐ Other

DISTRICT COSTS

Registration: \$ _____	Travel: \$ _____ (_____ miles)
Other: \$ _____	Lodging: \$ _____ (_____ miles)

Meal Allocation:

Breakfast - \$7.00

Lunch - \$15.00

Dinner - \$22.00

Total Costs: \$ _____

Employee must submit documentation of registration, hotel accommodations, and mileage for preapproval. Receipts, if applicable, must be submitted following the event for post-approval of meal expenses.

ADMINISTRATION USE ONLY

Signature- Supervisor

Date

- ☐ Approve
☐ Disapprove

Reasons Supporting Decision:

Signature- Superintendent of Schools

Date

- ☐ Approve
☐ Disapprove