

Professional Leave Request

Name: _____ School: _____

Position (Grade/Subject): _____ Date of Departure: _____ Date of Return: _____

Location of Activity: _____ Title of Activity: _____

PURPOSE OF REQUEST: _____

Is substitute required? ☐ No ☐ If yes, list fund number: _____

REGISTRATION FEES: \$ _____

☐ Request check, or ☐ Request purchase order to _____
(Company hosting workshop/activity)

☐ Paid by employee

HOTEL: (Number of Nights _____ x Daily Rate _____) \$ _____

☐ Paid by employee ☐ Request check paid to the order of _____
(Hotel or Vendor Name)

TRANSPORTATION FEES: (From: _____ To: _____)

Airfare: ☐ Paid by employee ☐ Request check paid to the order of _____ \$ _____
(Travel Agent/Airline, etc.)

Auto: (_____ Roundtrip miles x _____ mile): \$ _____

Rental Car \$ _____

PER DIEM: (Hour of Departure: _____ Hour of Return: _____)

Full Day x _____ # of Days = _____

Part Day breakfast x _____ # of Days = _____

Part Day lunch x _____ # of Days = _____

Part Day dinner x _____ # of Days = _____

Total Per Diem _____

MISCELLANEOUS ITEMS: (List individually on line and provide total cost at right) _____ \$ _____

TOTAL ANTICIPATED EXPENSES (List names of persons in party for which expenses are claimed-- riding with, rooming with, etc.) _____

Signature of Person Requesting Leave

Date

☐ Approved To Attend (Paid By: ☐ Local School Funds, or request ☐ Central Office Funds)

Bookkeeper's Initials

Principal or Direct Supervisor (Date)

☐ Approved To Attend (fund numbers below)

Superintendent/Director/Designee

Fund Number/s: _____

*****ONLY RETURN FORM TO CO IF PAYMENT IS REQUESTED BY CO*****

Note: Reimbursement expenses must be submitted for payment no later than 90 days after travel and before the end of the fiscal year.