

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 \$40 x _____ # of Days = _____

Part Day \$10 breakfast x _____ # of Days = _____

Part Day \$10 lunch x _____ # of Days = _____

Part Day \$20 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*****