



GENEVA CITY SCHOOLS REQUEST FOR PROFESSIONAL LEAVE

Name: _____ Grade/Subject _____

I feel that my attendance at the meeting described below will aid both my performance and the school system, therefore, I request permission to attend.

Title of Session: _____

Date of Session: _____

Sponsored by: _____

Location: _____

Reason I believe this session will be a benefit to the school system and me:

Information gained will be shared in the following way(s):

- | | | |
|---|---|--|
| <input type="checkbox"/> Faculty Meeting | <input type="checkbox"/> Team Meeting | <input type="checkbox"/> Handouts to staff |
| <input type="checkbox"/> In-Service Program | <input type="checkbox"/> Departmental Meeting | <input type="checkbox"/> Other (explain) |

Signature of Employee

Date

For reimbursement purposes you must obtain **itemized** receipts for all applicable expenditures requested below, and use your odometer for actual mileage.

Estimated Reimbursement:

Registration/Fees:	\$	_____
Transportation: (Reimbursed at \$.58/mile)	\$	_____
Lodging:	\$	_____
Meals:	\$	_____
 Total Estimated Cost:	 \$	 _____

- | | | |
|---|--|---|
| <input type="checkbox"/> No Expenses Involved | <input type="checkbox"/> Substitute Needed | <input type="checkbox"/> No Substitute Needed |
|---|--|---|

Reimbursement will be paid by: _____

Signature of Principal or Coordinator

Date

Signature of Superintendent

Date