

Pike Road Schools Leave Request Form

REQUEST INFORMATION

Employee Name:

Date Submitted:

School/Department:

Type of Leave

Professional Leave (PD)

Personal Leave

Sick Leave

Sick Leave/FMLA (Out 5 days or more, HR must be notified)

Leave Date & Time From:

To:

Substitute Needed: Yes No

Estimated Substitute Cost:

Will travel reimbursement be requested? Yes No

Estimated Mileage Cost:

Estimated Hotel Cost:

Estimated Meals Cost:

Registration Fee:

Estimated Other Fees:

Total Estimated Costs: :

Travel Source of Funds (Select One):

Funds Manager Signature: _____

Justification for Request:

Destination (City & State):

Conference Start Date and Time:

Conference Ending Date and Time:

Additional Info if needed:

Applicant's Signature

This Leave Request is Approved:

Denied:

Principal/Department Head Signature

Superintendent's Signature (if required)

Forward all approved Leave Request Forms to finance@pikeroadschools.org.

Keep all receipts and conference agendas and turn in with Expense Reimbursement Request Form.

Maximum daily meal reimbursements for in-state travel are \$10 for breakfast, \$15 for lunch, and \$15 for dinner. Maximum daily meal reimbursements for out-of-state are \$15 for breakfast, \$20 for lunch, and \$20 for dinner. For those meals that are provided as part of an event registration fee, no reimbursement will be allowed for purchased meals. All travel receipts, including both the itemized and payment receipts for purchased meals, are required in order for expenses to be reimbursed. Prior approval for travel is required for travel expenses to be reimbursed by the board.