

## PROFESSIONAL LEAVE OF ABSENCE REQUEST/REQUISITION

NAME: \_\_\_\_\_ Sub-finder Job# \_\_\_\_\_ Today's Date: \_\_\_\_\_

Should this be charged to a grant/Title Fund?  yes  no      Is this a reimbursable expense?  yes  no  
 If so, which grant/Title Fund? \_\_\_\_\_      If so, who do we bill? \_\_\_\_\_

DATE(S)	TIME(S)	Substitute Required	Substitute Request
		_____ Yes      _____ No	

**REQUISITION-CONFERENCE/WORKSHOP REGISTRATION** Requisition # \_\_\_\_\_

Name of Conference/Workshop: \_\_\_\_\_  
 Organization Holding Conference (Vendor): \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Location of Conference/Workshop: \_\_\_\_\_  
 Conference/Workshop Registration Cost: \$ \_\_\_\_\_ Have you pre-registered? \_\_\_\_\_ Yes \_\_\_\_\_ No

Fund	Function	Object	Center	Area	Approved-Supervisor Initial: _____ Yes _____ No

**REQUISITION-COLLEGE CREDITS/TUITION** Requisition # \_\_\_\_\_

Will you be earning college credits? \_\_\_\_\_ Yes \_\_\_\_\_ No      How many? \_\_\_\_\_ Total Cost of Credits: \$ \_\_\_\_\_  
 College or University: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**PLEASE ATTACH COURSE# AND DESCRIPTION**

Fund	Function	Object	Center	Area	Approved-Supervisor Initial: _____ Yes _____ No

**MILEAGE REIMBURSEMENT PRE-APPROVAL**

Will mileage be reimbursed? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 Estimate total miles? \_\_\_\_\_ Estimate mileage cost: \$ \_\_\_\_\_

Fund	Function	Object	Center	Area	Approved-Supervisor Initial: _____ Yes _____ No

**REQUISITION-REIMBURSEMENT (MEALS )** Requisition # \_\_\_\_\_

Will you be buying your own meals? \_\_\_\_\_ Yes \_\_\_\_\_ No      Breakfast (\$13 max) \_\_\_\_\_ (how many)      The government per-diem rate is \$59 per day.  
 Estimate total cost of meals: \$ \_\_\_\_\_      Lunch (\$15 max) \_\_\_\_\_ (how many)  
 Dinner (\$26 max) \_\_\_\_\_ (how many)

Fund	Function	Object	Center	Area	Approved-Supervisor Initial: _____ Yes _____ No

**REQUISITION-LODGING** Requisition # \_\_\_\_\_

Will you be staying in a motel? \_\_\_\_\_ Yes \_\_\_\_\_ No      If so, how many nights? \_\_\_\_\_  
 Motel Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Estimate of lodging cost: \$ \_\_\_\_\_

Fund	Function	Object	Center	Area	Approved-Supervisor Initial: _____ Yes _____ No

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Superintendent Signature

\_\_\_\_\_  
Supervisor Signature

Approved       Not Approved

**MUST BE APPROVED BY SUPERINTENDENT PRIOR TO REGISTRATION**

*Please allow 5 business days for processing*

Vernonia School District 47J

TUITION / REIMBURSEMENT / TRAVEL GUIDELINES

LEAVE OF ABSENCE REQUEST / REQUISITION FORM MUST BE APPROVED BY THE SUPERINTENDENT BEFORE REGISTRATION FOR CONFERENCE, WORKSHOP, OR COLLEGE CREDITS

The attendee must fill out a Professional Leave of Absence Request/Requisition. Complete each section of the form that applies. Each section of this form functions as a separate purchase requisition. Each entity that receives a check should be listed. Administrator approval is required for each expense. Please see below for an example of how this works.

A person plans on driving their own car to a workshop which requires a registration fee as well as separate payment for college credit. That person might fill out a Leave of Absence Request/Requisition to 1) the organization we would write a check to for the conference registration, 2) the actual college, if different, that would be issuing the graduate credit and 3) themselves for travel expenses, etc. In short: anybody who gets a separate check needs a requisition.

CHECKLIST:

- Leave of absence portion completed? (mandatory)
Requisition portion to workshop/conference vendor completed? (if applicable)
Requisition portion to graduate school for postgraduate credit(s) completed? (if applicable)
Mileage reimbursement Pre-Approval completed? (if applicable) Monthly mileage report to be turned in after travel has been completed.
Requisition portion to individual for anticipated out-of-pocket expenses or reimbursement, i.e. meals completed? (if applicable - see below for allowances)
Requisition portion to motel completed? (if applicable)
Have you pre-registered for:
- Workshop? Yes No
- Motel? Yes No
- Graduate institution? Yes No

Meal Allowances:

Table with 2 columns: Item, Amount. Rows: Breakfast: \$13.00\*\*, Lunch: \$15.00, Dinner: \$26.00\*\*, Tip: \$5.00, Motel: \$120.00. Note: (\*\*only if staying overnight)

Exceptions to the allowance amounts may be approved by the superintendent.

PLEASE REMEMBER TO PROVIDE TRANSCRIPT(S) FOR COLLEGE CREDIT.