

PLR# _____

WEST JEFFERSON SCHOOL DISTRICT #253
PROFESSIONAL LEAVE REQUEST

Name of Employee(s) Requesting Leave: _____

Dates of Proposed Travel: _____ Date Submitted: _____

Location: _____

Purpose of Leave: *(Please print name of conference or other reason for request. Attach any registration forms or flyers.)*

Description of Planned Activities: *(Attach agenda, if available)*

How does planned activity relate to your present assignment?

How will the students of West Jefferson School District directly benefit from this professional leave?

Complete funding information on next page PRIOR to getting approvals below.

Approval by Principa/Supervisor _____ Date _____

Approval by Superintendent _____ Date _____

Funding Approval _____ Date _____

NOTE: This form is simply a “Professional Leave Request” and must be **approved prior** to any expenditure. After approval the request will be posted on the Google “Car/Van/PLR Schedule” Calendar.

PLR# _____

FUNDING INFORMATION

LODGING:

REQUEST Government **Tax exempt** rate under West Jefferson School District #253

Lodging Total \$

Hotel Choice _____
Address _____
City, State, Zip _____
Telephone _____
Confirmation # _____

- I have already made reservations
- I will Pay with School Card
- I will have them Direct Bill
- District will make the reservations and payment arrangements.
- Other _____

_____ # of nights x \$_____ per room x _____ # of rooms = Lodging Total
Reservation(s) under name(s): _____

MEALS:

NO reimbursement for meals provided at hotel, meeting, or conference

Meal(s) Total \$

	NAME(S) FOR PER DIEM	AMOUNT
_____ X \$10 Breakfast (before 8:00 am)	_____	\$ _____
_____ X \$10 Lunch	_____	\$ _____
_____ X \$20 Dinner (before 5:00 pm)	_____	\$ _____
	_____	\$ _____
\$ _____ TOTAL per person	_____	\$ _____

**Only an Over Night Stay
qualifies per diem**

- Attach agenda showing meals provided

TRAVEL:

Departure Date/Time _____ Return Date/Time _____

Travel Total \$

- Air Travel**
- Travel in School Bus** (please submit School Bus Request with details)
- Travel in School District vehicle** Car _____ # of Adults Van _____ # of Adults
- Travel in personal vehicle** (must submit Mileage form for reimbursement)

(estimated reimbursement or fuel cost)

REGISTRATION:

Name of Organization _____
Address _____
City, state, Zip _____
Telephone _____

Registration Total \$

- I have already registered
- District Office to register & pay
Registration form is attached

Number of individuals _____ @ \$ _____ = \$ _____

FUNDING:

- | | |
|--|---|
| <input type="checkbox"/> Hamer Elem Travel (100-512380-101) | <input type="checkbox"/> State LEP Travel 242-512380) |
| <input type="checkbox"/> Terreton Elem Travel (100-512380) | <input type="checkbox"/> Vocational Travel (243-519380-_____) |
| <input type="checkbox"/> High School Travel (100-515380) | <input type="checkbox"/> Technology Travel (245-656380) |
| <input type="checkbox"/> Athletic Travel (100-531380) | <input type="checkbox"/> Title I Travel (251-621380) |
| <input type="checkbox"/> State Athletic Travel (100-531300) | <input type="checkbox"/> Migrant Travel (253-542380) |
| <input type="checkbox"/> Curriculum Activity Travel (100-532380) | <input type="checkbox"/> Title VI-B Travel (257-521380) |
| <input type="checkbox"/> Principal/Secretary Travel (100-641380) | <input type="checkbox"/> Quality Teacher Travel (271-621380) |
| <input type="checkbox"/> Supt/Business Office Travel (100-632380) | <input type="checkbox"/> Other _____ |

Total Estimated Cost of Professional Leave \$ _____