

Employee Request for Professional Leave

Name _____ Date _____

School/Department _____ Position _____

I request professional leave on the following work days: _____

Nature: _____ Location: _____

(Attach agenda or conference information)

Student Trips	
<input type="checkbox"/> In-State-Within 150 miles of school (requires Principal & Superintendent/Designee approval)	
<input type="checkbox"/> Out-of-State, overnight, or excess of 150 miles from school (requires Board approval)	
Approximate # of students attending: _____	
Bus Requested?	YES NO

Employee Only	
<input type="checkbox"/> In-State (requires Superintendent/designee approval)	
<input type="checkbox"/> Out-of-State or Overnight (requires Superintendent/designee approval)	

Estimated Costs/Expense reimbursement requested (Policies 03.125/03.225)

Failure to complete expense request could result in delay of approval.

Conference Registration	\$
Estimated Travel Cost: select mode of travel and indicate mileage or ticket cost: Personal auto Passenger (no cost) Airplane School Vehicle(\$1/mi.) School Bus Other _____	\$
Estimated Hotel Cost: _____ # of nights X _____ room rate (list split rate if sharing room)	\$
Estimated Meal Per Diem (Meals cannot be reimbursed for "day" trips.)	\$
List other costs (e.g. parking fees, taxi fares, checked luggage)	\$
Substitute Required? YES NO Estimate \$100 per day	\$
Estimated Total Cost	\$
Funding Source: (select all that apply) School Instructional Funds School Activity Funds Grant Name _____ Other _____ District Funds Funding Code(s): _____	

Employee

Immediate Supervisor (if approved)

Signature of Superintendent/Designee

All professional leave must be approved **in advance** by the Superintendent/Designee and/or Board. The original copy of the signed form should be attached to the Service Report.

RELATED PROCEDURES:

03.125 AP.21; 03.125 AP.22

Review/Revised: 5/26/2015