

APPLICATION FOR PROFESSIONAL LEAVE
(Attendance of Professional Meetings)

Employee Name: _____ Date(s) Requested : _____

Specific title and location (city) of conference/workshop _____

Name of organization sponsoring meeting _____

Are you an official member of this organization? ___ Yes ___ No

Are you an officer or on the program of the organization? ___ Yes ___ No

Is overnight stay required? ___ Yes ___ No

If only a one day seminar, is lunch included in registration fee: ___ Yes ___ No

Briefly describe the subject matter of conference/workshop and how it relates to your position:

Estimated **employee** expenses:

Registration \$ _____ Do you wish to be paid directly from the district? ___ Yes ___ No
(Please attach registration information.)

Room \$ _____ # of nights _____ (Be sure to include total amount including hotel/motel tax*.)

*PLEASE NOTE: School Districts are not charged tax. If you pay with personal payment you will be charged taxes. We DO NOT reimburse for taxes, but would be happy to make arrangements for payment by the district so no taxes will be charged.

Mileage _____ (you will be reimbursed at the current IRS rate per mile)

Other _____ (Parking, etc.) _____

Total \$ _____ **(To be completed by Fiscal Office)**

To be completed by Fiscal Office Representative:

Per diem \$ _____ (Per diem location _____.)

Grand Total \$ _____

EXPENSES WILL BE LIMITED TO THE AMOUNTS ESTIMATED ABOVE. REIMBURSEMENT WILL BE MADE ONLY UPON COMPLETION OF A REQUEST FOR REIMBURSEMENT FORM WITH REQUIRED RECEIPTS.

This application is made in accordance with Board of Education policy and is written within the limits set by the policy.

Date Signature of Employee

Approval recommended _____ Approval NOT recommended _____

Date Signature of Principal

Approved _____ NOT approved _____

Date Signature of Superintendent

Substitute _____