

PROFESSIONAL LEAVE / TRAVEL REQUEST FORM

(use only for out-of-parish trips or when there is a cost not covered by the school)

Date Submitted _____
 (If travel request, form must be submitted one month in advance of travel)

Name _____ **School/Location:** _____

Position _____ **Date(s) of Travel** _____

Destination _____

Purpose _____
 (attach agenda/documentation)

Benefit to District / School _____

Yes, Substitute will be used and paid from _____ **Fund.**
 (Appropriate staff initial if ok to be paid from your fund) (If other than General Fund, School must report in Comment Line on Teacher absence screen when reporting absence)

No substitute will be used

Will there be a cost for travel?

Yes **Funding Source** _____ **No**
 (If so, complete Estimated Cost)

Estimated Cost:

Hotel _____	Mileage _____
Airfare _____	Meals _____
Registration _____	Taxi / _____
Other _____	Shuttle _____
	Identify _____
TOTAL: _____	(When travel expense voucher is submitted, attach a copy of this form)

	Approved	Not Approved	Signature / Date
Immediate Supervisor			
Program Director (If grant funded)			
Director			
Other			
Chief Academic Officer/Chief Financial Officer Chief Operations Officer/Chief Human Resource Officer			
Superintendent			

