

School Professional Leave

EMPLOYEE'S NAME _____ SCHOOL/WORK SITE _____

DATE(S) OF LEAVE	TIME OF DEPARTURE	DESTINATION	PURPOSE	# OF STUDENTS INVOLVED

Substitute Needed (please remember to enter your absence in Aesop, even if a substitute is not required): Yes No

Number of Days: (Avg. \$100 a day) _____ Substitute code: _____

Registration: Yes No Registration cost: _____ Registration code: _____

Mileage: Yes No Number of Miles: _____ Number of Days: _____

Lodging: Yes No Cost per night _____ Number of Nights: _____

Lodging Rate: Regular Rate Business Rate Conference Rate

Meals: Yes No Estimated Total meal cost: _____

Meals/Mileage/Parking/Lodging Code: _____

GRAND TOTAL OF EXPENSES

*An overnight stay is required for reimbursement of breakfast or lunch. Meals reimbursed at rate of \$7/\$8/\$15 or \$8/\$9/\$19 (high rate areas). For lodging to be reimbursed, an original, itemized receipt is required. Registration fee, parking, tolls, etc. may be reimbursed with original receipts. Credit card slips, registration forms, or check copies are not accepted as receipts. A Travel Voucher (03.125 AP.22) must be completed after the conference/workshop, etc., to receive reimbursement for actual expenses.

Notes:

EMPLOYEE SIGNATURE: _____

PRINCIPAL SIGNATURE: _____

SUPERVISOR SIGNATURE: _____

FIELD TRIP DESIGNEE SIGNATURE: _____

SUPERINTENDENT/DESIGNEE SIGNATURE: _____