

PROFESSIONAL STAFF LEAVES AND ABSENCES
(Professional Leave Application Form)

Name: _____ Date of Application: _____
Position: _____ Building: _____

I request permission to attend the following:

Name of Organization/Event: _____

Are you a member of this organization? Yes No

Nature of Meeting: _____

Place of Meeting: _____

Date(s) of Meeting (Inclusive): _____ Days Absent from Duty:

Reasons for Requesting Professional Leave: _____

Estimated cost of attendance	
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Number of Substitute Days: _____	x	\$ _____	=	\$ _____
Lodging: No. of Nights: _____	x	\$ _____	=	\$ _____
Meals: No. of Days: _____	x	\$ _____	=	\$ _____
Registration Fee (not including any membership fee):			=	\$ _____
Transportation: Air (coach fare):				\$ _____
Intra-city Transportation:				\$ _____
Automobile Expenses @ _____ cents/mile:				\$ _____
Other _____:				\$ _____
Estimated Cost of All Transportation:				\$ _____

Total Estimated Cost \$ _____
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Budget Code to Be Charged or Source of Funding: Account Codes						
Fund	Function	Object	Location	Project	Dept.	Amount

Signature of Applicant _____ Date _____

FILE: GCBDA-AF
Critical

For Office Use Only

Request Was: Approved as Requested Approved as Indicated Below Denied

Comments: _____

Principal _____ Date _____

Superintendent/Designee _____ Date _____

Maximum Amount of Cost Approved: \$ _____

Comments: _____

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Note: The reader is encouraged to review policies and/or procedures for related information in this administrative area.

Implemented: 7/23/2009

Clinton School District #124